

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: WA
APPLICATION YEAR: 2010

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- [FORM 18](#)
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- [FORM 19](#)
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- [FORM 21](#)
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: WA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 3,411,987 (37.86%)

B.Children with special health care needs:

\$ 3,397,515 (37.7%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 448,414 (4.98%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 9,012,210

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 7,573,626

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 45,000

5. OTHER FUNDS (Item 15e of SF 424)

\$ 1,600,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 7,573,626

\$ 9,218,626

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 18,230,836

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 1,485,000

b. SSDI: \$ 94,644

c. CISS: \$ 0

d. Abstinence Education: \$ 814,663

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 8,788,656

j. Education: \$ 0

k. Other: \$ 0

Child Care Blk ITEIP \$ 1,100,000

T19 XIX Fed \$ 900,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 13,182,963

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 31,413,799

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: WA

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 9,613,745	\$ 9,544,877	\$ 9,556,668	\$ 9,158,038	\$ 9,151,423	\$ 8,693,717
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 6,500,000	\$ 16,576,995	\$ 7,573,626	\$ 17,548,149	\$ 7,573,626	\$ 18,339,774
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 89,000	\$ 197,748	\$ 0	\$ 55,983	\$ 65,000	\$ 41,071
5. Other Funds <i>(Line5, Form 2)</i>	\$ 984,626	\$ 2,546,653	\$ 2,500,000	\$ 1,607,628	\$ 2,500,000	\$ 2,071,052
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 17,187,371	\$ 28,866,273	\$ 19,630,294	\$ 28,369,798	\$ 19,290,049	\$ 29,145,614
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 9,194,000	\$ 12,897,148	\$ 13,230,895	\$ 13,741,963	\$ 10,542,054	\$ 12,914,568
9. Total <i>(Line11, Form 2)</i>	\$ 26,381,371	\$ 41,763,421	\$ 32,861,189	\$ 42,111,761	\$ 29,832,103	\$ 42,060,182
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: WA

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 9,151,423	\$ 8,357,457	\$ 8,978,733		\$ 9,012,210	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 7,573,626	\$ 31,173,164	\$ 7,573,626		\$ 7,573,626	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 50,000	\$ 59,555	\$ 107,000		\$ 45,000	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 1,600,000	\$ 1,637,319	\$ 1,600,000		\$ 1,600,000	
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 18,375,049	\$ 41,227,495	\$ 18,259,359	\$ 0	\$ 18,230,836	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 9,960,000	\$ 10,848,467	\$ 11,722,622		\$ 13,182,963	
9. Total <i>(Line11, Form 2)</i>	\$ 28,335,049	\$ 52,075,962	\$ 29,981,981	\$ 0	\$ 31,413,799	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
The variance is due to timing differences. Funding to local health jurisdictions which makes up over 60% of MCHBG showed that billings for approximately \$400,000 were not received and or paid during this period. Additional variance is due to other billings for contracts that were not paid during this period.
- 2. Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
The large variance is due to an additional \$24 million in vaccine funding that was received during this period. OMCH can budget for only the maintenance of effort, but the office can report on the total amount expended.
- 3. Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Expenditures of state funds exceeded budgeted by over 200%. OMCH uses Health Services Account funds as part of the state match. Not all expended Health Service Account funds are automatically eligible each year for state match; consequently, OMCH can only budget the maintenance of effort amount.
- 4. Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2008
Field Note:
OMCH underestimated the amount of local funds that would be used in this program.
- 5. Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2007
Field Note:
A 37% decrease in projected expenditures occurred. Local funding is the least predictable when preparing a budget. The amount anticipated was not realized. Additionally timing differences accounted for the variance.
- 6. Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2007
Field Note:
OMCH saw a 17% reduction of spending over projections. This is misleading. When FFY06 expenditures are compared to FFY07, there is a 29% increase in spending. During this period, OMCH continued to maximize its ability to leverage federal financial participation for Medicaid related activities. Timing difference between federal and state fiscal years, mean that reductions in the ability to obtain federal match for state dollars will not be seen until next year. Analysis of the first six months of expenditure data for FFY08 indicate OMCH will be closer to budgeted estimates.
- 7. Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
Budget to expended for FFY07 indicates a 23% increase. In comparing actual expenditures across the two funding periods, there was a 6% decrease in spending. At the time the budget was estimated, OMCH faced the loss of four CDC grants and an estimated \$1 million in CDC immunization funding. The 6% decrease matches the actual occurrence.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,719,000	\$ 1,805,362	\$ 1,560,079	\$ 1,712,128	\$ 1,167,581	\$ 1,654,486
b. Infants < 1 year old	\$ 3,437,000	\$ 6,219,109	\$ 3,800,143	\$ 6,554,002	\$ 4,022,080	\$ 7,777,543
c. Children 1 to 22 years old	\$ 7,414,000	\$ 10,632,228	\$ 6,492,167	\$ 11,093,663	\$ 7,094,408	\$ 10,543,388
d. Children with Special Healthcare Needs	\$ 3,781,000	\$ 6,924,423	\$ 6,229,421	\$ 7,227,732	\$ 5,848,937	\$ 6,999,920
e. Others	\$ 86,000	\$ 617,742	\$ 304,823	\$ 640,708	\$ 238,252	\$ 745,742
f. Administration	\$ 750,371	\$ 2,667,409	\$ 1,243,661	\$ 1,141,565	\$ 918,791	\$ 1,424,535
g. SUBTOTAL	\$ 17,187,371	\$ 28,866,273	\$ 19,630,294	\$ 28,369,798	\$ 19,290,049	\$ 29,145,614
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 1,536,000		\$ 1,284,500		\$ 740,315	
b. SSDI	\$ 177,000		\$ 177,000		\$ 83,333	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 832,000		\$ 791,895		\$ 789,677	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 3,940,000		\$ 7,977,500		\$ 6,228,729	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Interagency DSHS	\$ 0		\$ 1,200,000		\$ 1,200,000	
Title XIX	\$ 1,500,000		\$ 1,800,000		\$ 1,500,000	
Childcare Grant & UT	\$ 1,209,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 9,194,000		\$ 13,230,895		\$ 10,542,054	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,108,941	\$ 1,529,542	\$ 1,037,000		\$ 2,000,000	
b. Infants < 1 year old	\$ 4,245,011	\$ 12,086,863	\$ 4,873,000		\$ 2,500,000	
c. Children 1 to 22 years old	\$ 7,185,339	\$ 15,210,415	\$ 6,605,000		\$ 6,000,000	
d. Children with Special Healthcare Needs	\$ 4,681,384	\$ 9,998,999	\$ 4,385,000		\$ 6,300,000	
e. Others	\$ 414,985	\$ 825,098	\$ 468,000		\$ 230,836	
f. Administration	\$ 739,389	\$ 1,576,578	\$ 891,359		\$ 1,200,000	
g. SUBTOTAL	\$ 18,375,049	\$ 41,227,495	\$ 18,259,359	\$ 0	\$ 18,230,836	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 806,000		\$ 838,000		\$ 1,485,000	
b. SSDI	\$ 104,000		\$ 100,000		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 814,663	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 6,250,000		\$ 7,575,522		\$ 8,788,656	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Child Care Blk ITEIP	\$ 0		\$ 0		\$ 1,100,000	
T19 XIX Fed	\$ 0		\$ 0		\$ 900,000	
Child Care IAR	\$ 0		\$ 1,200,000		\$ 0	
CP ITEIP	\$ 0		\$ 9,100		\$ 0	
Title XIX Fed	\$ 0		\$ 2,000,000		\$ 0	
Healthy Childcare WA	\$ 1,200,000		\$ 0		\$ 0	
Title XIX	\$ 1,600,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 9,960,000		\$ 11,722,622		\$ 13,182,963	

FORM NOTES FOR FORM 4

Explain difference.

FIELD LEVEL NOTES

- 1. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Budget data is skewed because of the Health Services Account actual expenditure data, which cannot be projected other than meeting the maintenance of effort. Comparing FFY07 expenditures to FFY08, a 7.5% decrease occurred.
- 2. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Comparison of budgeted to expended for FFY07 shows a 42% increase. Comparing FFY06 expenditures to FFY07 reveals a 3% decrease in expenditures for pregnant women. Budget data is skewed because of the restriction on projecting total Health Services Account funding. By comparing percent spending over the total expenditures for FFY06 and FFY07, one finds that for each category there are insignificant differences. Thus, in FFY06 6.04% of total expenditures were for pregnant women as compared to 5% in FFY07.
- 3. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2010
Field Note:
Washington State's Universal Vaccine program will transition to a tiered system.
- 4. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
The variance of almost double what was budgeted was due to Health Services Account funds that were used for vaccines. Washington State is a Universal Vaccine state. Funding for vaccines for infants comes from CDC Vaccines for Children funds and Health Services Account funds. OMCH can budget only for the Health Services Account funds that are used to meet the maintenance of effort. However, it can report on the total actual amount used.
- 5. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
The very high variance, 93% increase, is due to the effect of Health Services Account actual expenditures on infants. This funding skews the results. If one compares spending on Infants to the total expended, it is 25%. This amount is about 2% more than FFY06. The most likely explanation for the slight increase in expenditure is the increase in use/demand for hepatitis A vaccine because of the change in national recommendation and increases in the use of varicella vaccine due to changes in requirements for entering school. For FFY07 the actual change in expenditure was most likely due to the additional funding represented by increases to vaccine funding in the Health Services Account.
- 6. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2010
Field Note:
Washington State's Universal Vaccine program will transition to a tiered system in the 2009-2011 biennium.
- 7. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
The variance of almost double what was budgeted was due to Health Services Account funds that were used for vaccines. Washington State is a Universal Vaccine state. Funding for vaccines for Children 1-22 comes from CDC Vaccines for Children funds and Health Services Account funds. OMCH can budget only for the Health Services Account funds that are used to meet the maintenance of effort. However, it can report on the total actual amount used.
- 8. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
The variance between budgeted and expended for children 1-22 is an increase of 49%. The increase is skewed because of Health Services Account funding, which serves this population. In FFY07 5% less (only 34%) funding was expended on this group compared to the 39% expended in FFY06. During this period adolescent meningococcal and Tdap vaccines were introduced, which might have been expected to result in an increase in this expenditure. However, this increase could be reflected in the CSHCN population, who are at increased risk. The projection is that in the next 2 years, expenditures for infants will increase. Over time OMCH has seen relative stability in the spending for the groups served.
- 9. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2010
Field Note:
Washington State's Universal Vaccine program will transition to a tiered system in the 2009-2011 biennium.
- 10. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2008

Field Note:

The variance of almost double what was budgeted was due to Health Services Account funds that were used for vaccines. Washington State is a Universal Vaccine state. Funding for vaccines for Children 1-22 comes from CDC Vaccines for Children funds and Health Services Account funds. OMCH can budget only for the Health Services Account funds that are used to meet the maintenance of effort. However, it can report on the total actual amount used.

11. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2007

Field Note:

Comparison of budgeted versus expended for FFY07 indicates a 54% increase in spending for CSHCN. This increase is due to Health Services Account funding which serves this population. For this group 29% of the total expenditures occurred, compared to about 26% in FFY06. The increase is possibly due to introduction of Tdap and meningococcal vaccines for adolescents. CSHCN are a high risk group.

12. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersBudgeted

Row Name: All Others

Column Name: Budgeted

Year: 2010

Field Note:

Funding for HPV in the Health Services Account will cease effective July 1, 2009; thus a decrease in vaccine expenditures is expected.

13. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2008

Field Note:

The variance is due to expenditures for two federal grants that addressed genetics services and systems to the total Washington State population. In the case of vaccines, Washington State is a Universal Vaccine state, so individuals outside of the MCH population received vaccines for such immunizations as human papillomavirus.

14. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2007

Field Note:

A 213% increase for Others results from budgeted versus expended. Comparing the expenditures for FFY06 and FFY07, a 16% increase occurred. However, as a percent of total expenditures for FFY07, it represents 2%, a slight reduction from the previous year. Explanation for the expenditure variance is most likely the reduction of funding at the local level and the need to direct resources to the MCH population. The percentage change is so slight that it could also be a reporting error.

15. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2010

Field Note:

Administrative costs will increase by 2.2%.

16. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2008

Field Note:

The variance of double the amount budgeted is due to budgeting based on FFY06 actual expenditures. Significant additional funding for vaccines in the state Health Services Account increased the administrative costs associated with this account. Actual expenditures for FFY07 and FFY08 stayed relatively unchanged.

17. Section Number: Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2007

Field Note:

OMCH experienced a 55% increase in Administration regarding budgeted versus expended for FFY07. Compared with expenditures in FFY06, FFY07 expenditures were almost 25% more. However, Administrative expenditures amounted to only 5% of the total. The slight increase from 4.02% in the previous year was due to inflation, salary and benefit increases, and other operations costs. These factors also account for the increase in percentage of expenditure to expenditure.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,095,000	\$ 1,148,485	\$ 1,045,526	\$ 196,426	\$ 743,000	\$ 402,832
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 3,209,000	\$ 3,918,979	\$ 3,315,031	\$ 3,866,815	\$ 2,535,000	\$ 3,779,034
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 8,035,000	\$ 16,056,961	\$ 9,431,902	\$ 15,822,509	\$ 11,006,000	\$ 15,918,268
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,848,371	\$ 7,741,848	\$ 5,837,835	\$ 8,484,048	\$ 5,006,049	\$ 9,045,480
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 17,187,371	\$ 28,866,273	\$ 19,630,294	\$ 28,369,798	\$ 19,290,049	\$ 29,145,614

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 127,225	\$ 422,404	\$ 232,000	\$	\$ 1,600,000	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,504,527	\$ 3,435,185	\$ 2,045,000	\$	\$ 4,200,000	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 10,248,200	\$ 27,828,579	\$ 10,234,000	\$	\$ 5,430,836	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,495,097	\$ 9,541,327	\$ 5,748,359	\$	\$ 7,000,000	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 18,375,049	\$ 41,227,495	\$ 18,259,359	\$ 0	\$ 18,230,836	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2010
Field Note:
Projections for 2010 came from past responses to economic downturns, specifically FFY 2003, 2004, and 2005 where expenditures were greater than predicted. Analyzing the total for Direct Health Care Services, Enabling and Infrastructure Building (Population Based Services were not included in the calculation because vaccine expenditures skew the percentages), Direct Services make up almost 12%. With reductions in funding at the local level, OMCH expects a shift in MCH expenditures to offset these losses.
- 2. Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Expenditures for 2006 showed a sharp decrease in amounts used for Direct Services. This reduction was due to decisions made by OMCH in response to Title V award reductions. Consequently, OMCH expected to see a continued downward trend in this category. When the FFY08 budget was built, the drastic national and local downturn in the economy was not anticipated.
- 3. Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Direct Services experienced a 46% decrease between budgeted and expended. 67% of expenditures were incurred by local health jurisdictions (LHJs), whereas 53% were incurred by LHJs the previous year. As funding reductions occur and impact the LHJs, expenditures have been shifted to fund Direct Services. Of total expenditures for FFY06 and FFY07, the latter increased by a little over 1%. OMCH expects to see a reduction in Direct Service expenditures in the coming year.
- 4. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
The variance is approximately 37%. OMCH estimated that increased state emphasis on Population Based and Infrastructure Building Services in response to decreased funding availability would reduce overall expenditures. The office projected that other resources would be used at the local level. This has not been the case. When funding pressure increased local health jurisdictions did not decrease Enabling Services as much as predicted. Finally, a contract with the state Medicaid program resulted in 57% less in federal match. Enabling Services were part of the activities in this contract.
- 5. Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
Enabling Services increased by 49% of budgeted to expended. In comparing actuals there was a 2% decrease between FFY06 and FFY07 expenditures. In FFY07 about 13% of total expenditures went to Enabling Services.
- 6. Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
The large variance of over double the budgeted amount is due to the substantial increase in funding for vaccines during this period. As in the past, OMCH is able to project state match for only the maintenance of effort. State vaccine funding used as match for actual expenditures outstrips what the office can project.
- 7. Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
Population Based Services experienced a 45% increase in expended over budgeted. Vaccines funding from Health Service Account funds are classified in this category. Consequently, the majority of the increase is due to the vaccine funding. Comparing expenditures for Population Based Services to FFY06, there is little difference.
- 8. Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
When the budget was built in 2006, OMCH expected continued reductions in federal funding which would result in Infrastructure Building funds flattening. Additionally, the large amount of expenditures in Population Based Services skewed the projections. Finally, Medicaid federal match was only 57% of that projected. Negotiation of a contract with the state Medicaid program resulted in decreased recovered expenditures.
- 9. Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2007
Field Note:
At 81%, the Infrastructure variance was the largest increase for the pyramid. The budget was prepared in FFY05 in a time when OMCH knew that funding reductions were going to happen, but the impact to the pyramid was unknown. In comparing actual expenditures from FFY06 and FFY07, there is only a very slight difference. In FFY08 OMCH expects to see significant increases in activities related to Infrastructure as a means of protecting capacity. The MCBG is the only federal funding source that provides the flexibility to devote funding to services that are not direct services.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: WA

Total Births by Occurrence: 85,641

Reporting Year: 2007

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	84,925	99.2	8	5	5	100
Congenital Hypothyroidism	84,925	99.2	76	49	49	100
Galactosemia	84,925	99.2	7	1	1	100
Sickle Cell Disease	84,925	99.2	13	8	8	100
Other Screening (Specify)						
Biotinidase Deficiency	84,925	99.2	2	1	1	100
Cystic Fibrosis	84,925	99.2	41	14	14	100
Homocystinuria	84,925	99.2	6	0	0	
Maple Syrup Urine Disease	84,925	99.2	1	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	84,925	99.2	49	5	5	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	84,925	99.2	7	6	6	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

Number and Percentage of Newborns and Others Screened, Cased Confirmed, and Treated

These data come from the Department of Health Office of Newborn Screening database (updated monthly). The numerator is the number of live births in Washington that were reported as screened by the Office of Newborn Screening. The denominator is the number of live births in Washington. Infants born on U.S. Military Installations are excluded. For 2007, the total excludes ~ 3,077 military, 157 who died prior to screening, 21 who were screened in Oregon State, and 48 refusals. The state currently screens for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia, MCAD deficiency, biotinidase, maple syrup urine disease (MSUD), Cystic Fybrois and homocystinuria.

Numerator = 84,925
Denominator = 84,925 – Exclusions (226) – Military (3,077) = 85,641
Total screened = 99.2 %

When newborns are screened for the conditions listed above, they can show a positive result, however some of these may be false positives due to a variety of factors. The confirmed cases are those who are true positive results and have been verified as accurate.

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: WA

Reporting Year: 2008

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	19,411	93.9		4.8	1.3	
Infants < 1 year old	87,504	47.3		49.5	3.2	
Children 1 to 22 years old	389,515	34.1	1.6	54.7	9.6	
Children with Special Healthcare Needs	11,133	78.0		8.6	13.4	
Others	8,450	63.0		25.4	11.5	
TOTAL	516,013					

FORM NOTES FOR FORM 7

Total Served: Total served is the unduplicated total number of individuals receiving a direct service from the Title V program by class of individual. The number of pregnant women served, children with special health care needs served, and others served comes from reporting of direct services by local health jurisdictions (LHJs) across the state. The number of infants < 1 year of age served is the number of resident live births (families of these children are sent CHILD Profile health promotion materials). The number of children ages 1 to 22 served includes those children ages 1 to 6 that are sent CHILD Profile Health promotion materials through the mail. In order to eliminate the possibility of duplication with the number of children served by LHJs in a variety of service and referral programs that include health promotion, only 50% of the children reported served by LHJs are added to the number of children receiving CHILD Profile packets.

Primary Source of Coverage: These data were obtained through LHJs; Medicaid Management Information System (MMIS) eligibility files, Medical Assistance Administration (MAA), Washington State Department of Social and Health Services; First Steps Database, Washington Department of Social and Health Services; and the Washington State Office of Financial Management.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: WA

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	87,504	58,797	3,440	1,688	7,212	913	3,746	11,708
Title V Served	19,411	13,043	763	374	1,600	203	831	2,597
Eligible for Title XIX	41,392	23,392	2,399	1,331	1,969	629	2,179	9,493
INFANTS								
Total Infants in State	88,880	59,806	3,497	1,712	7,309	919	3,810	11,827
Title V Served	87,504	58,880	3,443	1,685	7,196	905	3,751	11,644
Eligible for Title XIX	41,926	23,714	2,438	1,350	1,992	631	2,216	9,585

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	68,782	16,702	2,020	13,606	81	393		2,724
Title V Served	15,258	3,705	448	3,018	18	87		604
Eligible for Title XIX	27,353	13,100	939	11,120	39	212		1,789
INFANTS								
Total Infants in State	69,951	16,878	2,051	13,739	83	399		2,759
Title V Served	68,868	16,617	2,019	13,526	82	393		2,716
Eligible for Title XIX	27,746	13,233	947	11,226	41	216		1,810

FORM NOTES FOR FORM 8

Total Deliveries in State:

The population-based total of all resident deliveries occurring in Washington State for 2007 was obtained from the First Steps Database (FSDB), Washington State Department of Social and Health Services using 2007 Washington State Birth Certificate Files. The FSDB number of deliveries is unduplicated by woman (in the case of multiple births) and includes fetal deaths.

Title V Served: No contractors are using Maternal and Child Health funds for direct prenatal care, delivery and postpartum services. This number represents the total number of pregnant women served by all local health jurisdictions (LHJs) in 2008, and was reported in Form 7.

Eligible for XIX: Those eligible for Title XIX were determined by the number of Medicaid deliveries, by race and ethnicity, reported in the First Steps Database, Washington State Department of Social and Health Services. These data reflect Washington State residents.

Total Infants in State:

The population-based total of all infants (<1year old) by race in Washington State for 2007 was derived from the total number of births by residents in the state by maternal race from the Washington State Birth Certificate files. The number of infants is computed by counting all live born infants (fetal deaths are excluded).

Title V Served: The total number of infants served under Title V is the number of infants receiving newborn screening in 2007, as reported on Form 6. These data were obtained from the Newborn Screening Program, Washington State Department of Health Public Health Laboratories.

Eligible for XIX: Those eligible for Title XIX were determined by the number of births reported by Medicaid status, maternal race, and maternal ethnicity in the First Steps Database, Washington State Department of Social and Health Services.

FIELD LEVEL NOTES

1. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTotal_TotalHispanic

Row Name: Total Deliveries in State

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

2. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

3. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

4. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_TotalHispanic

Row Name: Total Infants in State

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

5. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalHispanic

Row Name: Title V Served

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

6. Section Number: Form8_II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2010

Field Note:

Total Hispanic/Latino may not be equal to the sub-categories. Some of the birth certificate records have multiple ethnicities indicated, so the subtotals are not mutually exclusive.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	800-322-2588	800-322-2588	800-322-2588	800-322-2588	800-322-2588
2. State MCH Toll-Free "Hotline" Name	Family Health	Family Health	Family Health	Family Health	Healthy Mothers Healthy Babies
3. Name of Contact Person for State MCH "Hotline"	Beth Anderson	Riley Peters	Candi Wines	Candi Wines	Vicki M. Bouvier
4. Contact Person's Telephone Number	(360) 236-3459	(360) 236-3581	(360) 236-3459	(360) 236-3459	(360) 236-3459
5. Contact Person's Email	beth.anderson@doh.wa.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	23,920	24,395	29,941

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: WA

1. State MCH Administration:
(max 2500 characters)

The Department of Health (DOH) administers the MCH Block Grant in Washington State. The Office of Maternal and Child Health (OMCH) is located in the Division of Community and Family Health, one of four divisions in DOH. There are seven section in OMCH: Administration, Assessment, Child and Adolescent Health, Children with Special Health Care Needs, Genetic Services, Immunization Program CHILD Profile, and Maternal and Infant Health. These sections mainly focus on infrastructure building. Direct health care services, enabling services, and population-based services are provided by 35 local health jurisdictions and other agencies in Washington State who receive block grant funds to support this work.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 9,012,210
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 7,573,626
5. Local MCH Funds (Line 4, Form 2)	\$ 45,000
6. Other Funds (Line 5, Form 2)	\$ 1,600,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 18,230,836

9. Most significant providers receiving MCH funds:

Local Health Jurisdictions
University of Washington
Neurodevelopmental Centers
Seattle Children's Hospital

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	19,411
b. Infants < 1 year old	87,504
c. Children 1 to 22 years old	389,515
d. CSHCN	11,133
e. Others	8,450

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Purchase and distribute medically necessary formulas and low-protein foods for individuals with PKU and other metabolic disorders. Provide limited diagnostic and treatment funds to fill gaps in medically necessary services for children with no or inadequate coverage. Fund two school based health centers to deliver health care and education, including reproductive health care, to students. Provide breastfeeding support and education to low income women receiving Medicaid through First Steps Maternity Support Services (MSS). Provided training for MSS providers in breastfeeding support and teaching techniques. Refer women to MSS providers for prenatal care if they are not already enrolled and support women to stay in prenatal care. Fund local health jurisdictions (LHJs) to provide referrals to prenatal care if clients are not already enrolled and to support women to stay in prenatal care. Promote early prenatal care and MSS enrollment to African American women. Fund regional perinatal programs to coordinate and implement quality improvement projects to improve pregnancy outcomes statewide. Determine eligibility for financial and support services and coordinate through state and county Children with Special Health Care Needs programs (CSHCN) and medical homes. Contract with LHJs for activities that increase awareness of, access to, and staff participation in medical homes. Provide leadership to spread the medical home concept through strategic planning. Support statewide network of child care health consultants. Assist providers of child care for infants and toddlers to organize and interpret immunization records, communicate with parents, and fill out state-required immunization reports. Convert abstinence based media literacy curriculum to a comprehensive based curriculum. Collaborate on educational and outreach activities to the Asian Pacific Islander, Native American, and African American communities, including community projects and screenings. Work with targeted high-need community to promote wellness (physical, social, emotional and behavioral) of young children and families. Develop and implement a targeted communication/education plan about early hearing-loss detection, diagnosis, and intervention follow-up services. Increase referrals to family planning services and use of birth control. Promote Medicaid Take Charge Program to increase family planning services for men and women.

b. Population-Based Services:
(max 2500 characters)

Perform screening tests for all mandated conditions on approximately 170,000 specimens and follow-up to assure that appropriate diagnostic and clinical services are provided. Contract with Seattle Children's Hospital (SCH) to promote universal newborn hearing screening (NBHS) in birthing hospitals. Contract with a midwife to provide NBHS at three home birthing and/or play centers in King and Pierce Counties. Implement immunization initiatives to increase timely administration and overall rates. Work on outreach and quality assurance activities for Cover All Kids. Develop and implement strategies around community care coordination using the WISE pilot outcome evaluation, and information from the National Epilepsy Learning Collaborative and other organizations. Assure and promote community-based service system through autism and epilepsy grants and contracts with hospitals, local health jurisdictions (LHJs) and others. Send parents age-specific reminders of the need for well-child checkups and immunizations via CHILD Profile. Disseminate nutrition, physical activity, car seat, booster seat, and air bag safety information to parents statewide through CHILD Profile. Promote new booster seat law to LHJs and other partners. Improve workplace support for breastfeeding mothers; Draft workplace policies and building guidelines for state agencies in Washington. Contract with Washington Sensory Disabilities Services to provide early intervention training to county representatives. Through WithinReach, provide outreach and education to pregnant women to increase early enrollment in prenatal services, provide birth control education and referral to family planning services, and refer callers with tobacco in their home to the Quit Line as appropriate. Work with the Tobacco Program to implement their CDC funded Quit Line enhancement project focusing on pregnant women and relapse prevention. Promote training and strategies of suicide prevention to stakeholders. Promote use of the Harborview Injury Prevention Resource Center web-based tool that describes best practices and recommendations for injury prevention, including youth suicide prevention. Develop a consistent oral health message using Bright Futures. Implement the Statewide Collaborative Action Plan on Oral Health Access for CSHCN. Implement dental sealant programs in targeted schools. Fund LHJs to provide sealants.

Assess disparities and work with target communities to improve maternal and infant outcomes.

c. Infrastructure Building Services:

(max 2500 characters)

Provide education on oral health, newborn screening (NBS), perinatal depression, epilepsy, autism spectrum disorder, children with special health care needs (CSHCN), parenting, and child development. Evaluate NBS program; and new screenings for treatable childhood disorders. Develop early hearing-loss detection, diagnosis, and intervention surveillance system. Include families in systems improvement and policy development. Enhance transitions to adulthood for CSHCN. Promote medical homes, participation in immunization registry, dental sealant programs, injury and suicide prevention, nutrition and physical activity (including to child care providers) and Bright Futures (BF) guidelines and materials. Work to ensure access to health care services. Improve use of the Medicaid Early Periodic Screening, Diagnostic, and Treatment program (EPSDT). Help tribes build capacity to assess immunization coverage rates. Review sexual health education curricula for medical and scientific accuracy. Support the development of School Based Health Centers. Strengthen oral health coalitions, develop oral health plan, and collect dental caries experience data. Refine BF Oral Health and Tooth Tutor messages. Review unexpected deaths to children, including suicides and motor vehicle crash deaths, through local Child death Review (CDR) teams. Disseminate data and prevention strategies. Develop State Injury Prevention Plan. Recommend lactation support at all hospitals with delivery services and review breastfeeding data. Integrate BF Guidelines across components of Healthy Child Care Washington (HCCW) and Kids Matter. Increase smoking cessation among women on Medicaid. Promote the Medicaid Smoking Cessation benefit to providers. Revise best practice guide for smoking cessation. Measure and share pregnancy related smoking rates; quit rates; relapse rates; third trimester smoking trends; and disparities between groups. Educate professionals about FAX Back Referral program and other QUIT Line services. Advocate for delivery of very low birth weight babies at tertiary care facilities. Share prenatal care usage data with Maternity Support Services (MSS) and perinatal providers. Provide Family Planning training to MSS agencies. Evaluate Kids Matter and expand its public-private partnerships and strategic plan/framework implementation. Participate on the Mental Health Transformation Prevention Work Group. Promote social emotional and mental health. Use Race Matters Toolkit to view work through a racial equity lens.

12. The primary Title V Program contact person:

Name	Riley Peters, PhD
Title	Office Director
Address	PO Box 47835
City	Olympia
State	WA
Zip	98504-7835
Phone	360-236-3581
Fax	360-236-2323
Email	riley.peters@doh.wa.gov
Web	http://www.doh.wa.gov/cfh/mch/default.htm

13. The children with special health care needs (CSHCN) contact person:

Name	Maria Nardella
Title	CSHCN Section Manager
Address	PO Box 47880
City	Olympia
State	WA
Zip	98504-7880
Phone	360-236-3573
Fax	360-586-7868
Email	maria.nardella@doh.wa.gov
Web	http://www.doh.wa.gov/cfh/mch/default.htm

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: WA

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99.7	95	100	100	100
Annual Indicator	100.0	100.0	98.9	100.0	
Numerator	88	99	91	89	
Denominator	88	99	92	89	
Data Source					See field note

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not available.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: The Newborn Screening program expects to maintain 100% of screen positive newborns receiving timely follow up. Therefore, for the period of 2008-2013, the future objectives will be 100%.

The percent of newborns in the state with at least one screening for each of PKU, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia with appropriate referral. Over time laboratory cutoffs have been adjusted for some conditions to decrease the detection of infants with conditions that are NOT clinically significant and don't require treatment.

These data come from Form 6. The numerator is the number of live births in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received timely follow up. The denominator is the number that were screened and were a confirmed case. In 2007, 99.2% of newborns received a newborn screening (84,925 of 85,641). Excluded from the denominator were births in military hospitals (3,077), refusals (48), neo-natal deaths (157) and a small number tested by the State of Oregon (21). Washington State currently screens for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia, MCAD deficiency, biotinidase, maple syrup urine disease (MSUD), homocystinuria and Cystic Fibrosis. See Form 6 for details on conditions.

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The Newborn Screening program expects to maintain 100% of screen positive newborns receiving timely follow up. Therefore, for the period of 2007-2012, the future objectives will be 100%.

The percent of newborns in the state with at least one screening for each of PKU, hypothyroidism, hemoglobinopathies, and congenital adrenal hyperplasia with appropriate referral. Over time laboratory cutoffs have been adjusted for some conditions to decrease the detection of infants with conditions that are NOT clinically significant and don't require treatment.

These data come from Form 6. The numerator is the number of live births in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received timely follow up. The denominator is the number that were screened and were a confirmed case. In 2006, 99% of newborns received a newborn screening. The state currently screens for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, congenital adrenal hyperplasia, MCAD deficiency, biotinidase, maple syrup urine disease (MSUD), homocystinuria and Cystic Fibrosis. See Form 6 for details on conditions.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	54.9	56	56.5	57	55.7
Annual Indicator	54.9	54.9	54.9	55.7	55.7
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	55.7	55.7	55.7	55.7	55.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. Annual performance objective falls within the 95% confidence interval of the current rate. In 2007, following the release of the most recent survey, discussions with program staff led to the target of 55.7% to be established through 2013.

Data come from survey and state numerator/denominator are not available

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey. Annual performance objective falls within the 95% confidence interval of the current rate.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.5% was chosen through 2012.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	53.6	53	53	53	48.6
Annual Indicator	53.6	53.6	53.6	48.3	48.3
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	48.7	48.8	48.9	49	49.1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for NPM03. A new annual performance objective of 48.5% was developed in 2007 based on discussion with program staff. An annual increase of 0.1% was chosen, and has been extended through 2013.

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for NPM03. A new annual performance objective of 48.5% was developed based on discussion with program staff. An annual increase of 0.1% was chosen through 2012.

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.1% was chosen through 2012.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	64.4	63	64.5	66	67.5
Annual Indicator	64.4	64.4	64.4	65.3	65.3
Numerator					
Denominator					
Data Source					National Survey of CSHCN

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	69	70.5	72	73.5	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 1.5% was chosen through 2012.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	74.1	74.6	75	76	85.5
Annual Indicator	74.1	74.1	74.1	85.4	85.4
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	85.6	85.7	85.8	85.9	86
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for NPM05. New annual performance objectives were established based on discussions with program staff. An annual increase of 0.1% was chosen through 2013.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for NPM05. New annual performance objectives were established based on discussions with program staff. An annual increase of 0.1% was chosen through 2012.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 0.1% was chosen through 2012.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	8.3	9.8	11.3	47.4
Annual Indicator	5.8	5.8	5.8	47.3	47.3
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	47.5	47.6	47.7	47.8	47.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for NPM06 and the 2005-2006 survey may be considered baseline data. New annual performance objectives were established based on discussions with program staff. An annual increase of 0.1% was chosen through 2013.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data come from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for NPM06 and the 2005-2006 survey may be considered baseline data. New annual performance objectives were established based on discussions with program staff. An annual increase of 0.1% was chosen through 2012.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The National Survey of CSHCN has only been conducted twice, preventing the ability to conduct meaningful trend analyses. Goals will be modified as more data becomes available. Therefore, current targets are based on a variety of environmental factors and program decisions about how these factors could influence future targets. An annual increase of 1.5% was chosen through 2012.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>76.4</u>	<u>77</u>	<u>78</u>	<u>79</u>	<u>79</u>
Annual Indicator	<u>77.7</u>	<u>77.8</u>	<u>77.6</u>	<u>73.9</u>	<u>73.9</u>
Numerator	<u>61,962</u>	<u>62,309</u>	<u>64,358</u>	<u>62,089</u>	
Denominator	<u>79,745</u>	<u>80,089</u>	<u>82,935</u>	<u>84,017</u>	
Data Source					See field note
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>81</u>	<u>81</u>	<u>82</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are not yet available

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. A one percent increase every two years was chosen.

Numerator data came from the National Immunization Survey 2007, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. Recent Washington State rates were as follows: 2003 = 75.3%, 2004 = 77.7%, and 2005 = 77.8%. Therefore, a one percent increase every two years was chosen.

Numerator data came from the National Immunization Survey 2006, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	16.1	14	15.5	15.4	15.3
Annual Indicator	15.5	14.9	15.2	16.1	16.1
Numerator	2,006	1,966	2,062	2,217	
Denominator	129,120	132,042	135,315	137,767	
Data Source					See field note

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15.2	15.1	15	14.9	14.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not yet available

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. In 2005, discussions took place regarding the flattening off of the rate at 14.0. The 75th percentile state was at 15%, which was close to where Washington was at with 15.2%. A target of 15.5 % was chosen for 2006 with a 0.1 annual decrease targeted every year afterward.

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. In 2005, discussions took place regarding the flattening off of the rate at 14.0. The 75th percentile state was at 15%, which is where Washington is at. Therefore, a 0.1 annual decrease was chosen.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	49.6	55.5	55.5	50	50
Annual Indicator	55.5	50.4	50.4	50.4	50.4
Numerator	45,689	41,460	41,460	42,971	
Denominator	82,322	82,261	82,261	85,260	
Data Source					Washington State 2005 Smile Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are not yet available

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: The Smile Survey is only conducted every 5 years, and therefore only two data points exist, preventing accurate trend analysis. The 75th percentile state was at 49.4%. The Healthy People 2010 goal of 50% was chosen as the future objective through 2013, since it is attainable and will be an improvement on the historical decrease of dental sealants.

The Washington State Smile Survey is conducted by the Department of Health every five years. During the most recent survey in 2005, thirty-nine Head start or ECEAP sites and sixty-seven public elementary schools with a 2nd or 3rd grade were randomly selected across the state during the 2004-2005 school year. All preschool children enrolled and present on the day of the screening were included in the sample unless the parent returned a consent form specifically opting out of the sample. Elementary schools could choose to use either an active or passive consent process. Each child participating in the survey received an oral screening exam to determine the child's caries experience, treatment need and urgency, and dental sealants needs. The indicator of 50.4% is gathered from the 2005 SMILE Survey. Denominator data came from the Washington State Office of Financial Management. The numerator is derived from these data.

The Smile Survey will be conducted again this coming school year beginning in the Fall 2009 school term and finishing in the Spring 2010 term.

The Smile Survey was developed in Washington State has been adapted and implemented by several other states.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The Smile Survey is only conducted every 5 years, and therefore only two data points exist, preventing accurate trend analysis. The 75th percentile state was at 49.4%. The Healthy People 2010 goal of 50% was chosen as the future objective through 2012, since it is attainable and will be an improvement on the historical decrease of dental sealants.

The Washington State Smile Survey is conducted by the Department of Health every five years. During the most recent survey in 2005, thirty-nine Head start or ECEAP sites and sixty-seven public elementary schools with a 2nd or 3rd grade were randomly selected across the state during the 2004-2005 school year. All preschool children enrolled and present on the day of the screening were included in the sample unless the parent returned a consent form specifically opting out of the sample. Elementary schools could choose to use either an active or passive consent process. Each child participating in the survey received an oral screening exam to determine the child's caries experience, treatment need and urgency, and dental sealants needs. The indicator of 50.4% is gathered from the 2005 SMILE Survey. Denominator data came from the Washington State Office of Financial Management. The numerator is derived from these data.

The Smile Survey was developed in Washington State has been adapted and implemented by several other states.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.9	2.5	2.5	2.4	2.4
Annual Indicator	1.8	3.1	1.7	2.0	2
Numerator	23	39	21	26	
Denominator	1,257,310	1,259,643	1,270,785	1,281,739	

Data Source

See field note

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

Data not yet available

2. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: Although there have been some fluctuations, over the past 12 years, an overall decrease has been observed, possibly due to use of seat belts, child safety seats, and airbags. Rates are prone to a great degree of variance due to small numerators. Many years of data were used to assess the trends, therefore future targets may not appear to align with the most recent indicators. The 95% confidence interval of the rate in 2007 was (1.3, 3.0) which includes the performance objective (2.4), and we conclude the indicator and the objective are not statistically significantly different. After discussions with program and assessment staff we decided to revise the performance objective downward based on the data in the last four years. The objective of 2.3 per 100,000 had been chosen as a goal through 2013, however in all but one of the past four years that goal had been achieved and bettered, a new goal which reflects the present rate of 2.0 has been settled on for future objectives.

The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is from the Office of Financial Management Population Forecast.

3. **Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Although there have been some fluctuations, over the past 12 years, an overall decrease has been observed, possibly due to use of seat belts, child safety seats, and airbags. Rates are very variable because of small numerators. Many years of data were used to assess the trends, therefore future targets may not appear to align with the most recent indicators. The 95% confidence interval of the rate in 2006 was (1.0, 2.5) which includes the performance objective (2.5), and we conclude the indicator and the objective are not statistically significantly different. Using a conservative approach, a 0.1 decrease every two years was chosen with a leveling off at 2.3.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			52	53	53
Annual Indicator	52.0	55.5	58.8	57.3	57.3
Numerator	42,492	45,857	47,323	50,951	
Denominator	81,715	82,625	80,482	88,921	

Data Source

See field note

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	58	58	58	58	58
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not yet available

2. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

This measure changed in 2006, from breastfeeding at hospital discharge to six months or more after delivery. Rates are based on the National Immunization Survey, and are highly variable due to small sample size. The 95% confidence interval for 2007 was (50.8, 63.8) which includes the performance objective. After discussions with program and assessment staff we decided to revise the performance objective upward based on the data from the last two years.

The source of this data is the 2007 National Immunization Survey (NIS) which is reported for children born in 2005. As of July 2009 these data were reported as provisional by CDC. The numerator is based on the proportion of women who reported breastfeeding at six months or longer. The denominator was obtained from the live birth file, for Washington residents.

3. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

This measure changed in 2006, from breastfeeding at hospital discharge to six months or more after delivery. Rates are based on the National Immunization Survey, and are highly variable due to small sample size. The 95% confidence interval for 2006 was (54.2, 63.4) which includes the performance objective.

The source of this data (58.8%) is the 2006 National Immunization Survey (NIS) which is reported for children born in 2003. The numerator is based on the proportion of women who reported breastfeeding at six months or longer. The denominator was obtained from the live birth file, for Washington residents.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	96.5	97
Annual Indicator	88.0	94.4	96.5	95.3	95.7
Numerator	69,958	76,241	77,792	80,067	81,303
Denominator	79,507	80,728	80,607	84,043	84,913

Data Source

WA EHDDI
program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	97.5	98	98.5	99	99.5
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reported by the Washington State Early Hearing-loss Detection, Diagnosis, and Intervention (EHDDI) program.

A combination of trend analyses and comparisons to other states were used to create the future objectives. The national goal is to reach 95%, but since Washington State has already attained that, and 100% is not a realistic goal, a 0.5% increase per year was chosen.

Data exclude births which occur in military hospitals, and those parents who refused a hearing screen (1%). Homebirths attended by midwives who do not chose to conduct a screen are also missing and therefore not included. Some births to out of state residents may be included if they are reported by hospitals in Washington State.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data reported by the EHDDI program.

A combination of trend analyses and comparisons to other states were used to create the future objectives. The national goal is to reach 95%, but since Washington State has already attained that, and 100% is not a realistic goal, a 0.5% increase per year was chosen.

Data exclude births which occur in military hospitals, and those parents who refused a hearing screen (1%). Homebirths attended by midwives who do not chose to conduct a screen are also missing and therefore not included. Some births to out of state residents may be included if they are reported by hospitals in Washington State.

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states were used to create the future objectives. The national goal is to reach 95%, but since Washington State has already attained that, and 100% is not a realistic goal, a 0.5% increase per year was chosen.

In CY 2006, 96.5% of infants born in Washington hospitals received newborn hearing screening.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6.2	5	5	4	4
Annual Indicator	6.0	6.0	4.4	4.4	4.6
Numerator	98,000	97,158	72,158	72,979	76,954
Denominator	1,638,000	1,619,803	1,639,962	1,658,605	1,672,915
Data Source					2008 Washington State Population Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	3	3	3	3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

PERFORMANCE OBJECTIVES: Decreasing targets were chosen due to the new law going into effect July 2007, granting children health insurance. Phase 2 of this law goes into effect in late 2009.

The data source is the 2008 Washington State Population Survey, from the Washington State Office of Financial Management. The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

No new data available for percent of uninsured kids. Rate same as reported last year.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The 2006 data reflects the continuing trend based on data from 1998-2006. Decreasing targets were chosen due to the new law going into effect July 2007, granting children health insurance. Phase 2 of this law goes into effect in late 2009.

The data source is the 2006 Washington State Population Survey, from the Washington State Office of Financial Management. The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			29	29	29
Annual Indicator	29.3	29.2	28.9	29.4	30.4
Numerator	25,713	24,679	25,518	26,081	29,029
Denominator	87,693	84,520	88,312	88,709	95,359
Data Source					WA State Women Infants and Children Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	29	29	29	29	29
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

PERFORMANCE OBJECTIVES: Trend analyses and discussions with WIC staff resulted in future targets of 29% through the year 2013. Maintaining current rates would be an improvement, showing that the rate of children becoming overweight is not increasing

The source of this data is the Washington State Department of Health, Women, Infants, and Children (WIC) program. The numerator is the number of overweight (BMI > 85th percentile) children, ages 2 to 5 years, who receive WIC services during CY 2007. The denominator is number of children, ages 2 to 5 years, who receive WIC services during the reporting year.

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: Trend analyses and discussions with WIC staff resulted in future targets of 29% through the year 2012. Maintaining current rates would be an improvement, showing that the rate of children becoming overweight is not increasing.

The source of this data is the Washington State Department of Health, Women, Infants, and Children (WIC) program. The numerator is the number of overweight (BMI > 85th percentile) children, ages 2 to 5 years, who receive WIC services during CY 2007. The denominator is number of children, ages 2 to 5 years, who receive WIC services during the reporting year.

3. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: Trend analyses and discussions with WIC staff resulted in future targets of 29% through the year 2012. Maintaining current rates would be an improvement, showing that children were not getting more overweight.

The source of this data is the Washington State Department of Health, Women, Infants, and Children (WIC) program. The numerator is the number of children, ages 2 to 5 years, that receive WIC services during CY 2006. The denominator is number of children, ages 2 to 5 years, that receive WIC services during the reporting year.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			10	9.1	9.1
Annual Indicator	10.3	9.2	9.2	9.4	
Numerator	8,417	7,602	7,990	8,359	
Denominator	81,715	82,625	86,845	88,921	
Data Source					See field notes

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9	9	8.9	8.9	8.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2008

Field Note:

No data available.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: Washington State is in the forefront of states in this measure. Looking at trending in the data, a 0.1% decrease every other year was chosen.

This indicator is based on the proportion of women reporting smoking in the last three months of pregnancy and is from the Pregnancy Risk Assessment Monitoring System (PRAMS), 2008. The denominator are the number of women delivering babies during the year and are from the Washington State Department of Health Center for Health Statistics. The numerator is derived from these data.

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: WA State is already among the leading states in the nation. Looking at data trends, a 0.1% decrease every other year was chosen.

This indicator is based on the proportion of women reporting smoking in the last three months of pregnancy and is from the Pregnancy Risk Assessment Monitoring System (PRAMS) for 2006. The denominator are the number of women delivering babies during the year and are from the Washington State Department of Health Center for Health Statistics. The numerator is derived from this data.

State performance measure 2 (Percent of pregnant women abstaining from smoking) is being discontinued in the future because the information is already captured within this national performance measure.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.4	8.9	8.9	8.8	8.7
Annual Indicator	10.2	9.1	8.5	8.0	
Numerator	45	41	39	40	
Denominator	442,824	450,402	459,182	497,786	
Data Source					See field notes

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.9	7.8	7.7	7.6	7.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

No data available.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses and interdepartmental discussions took place to choose future objectives. Rates are subject to considerable variance and trends are based on many years of data, so future targets may not appear to align with the most recent results. The 2007 95% confidence interval (5.7, 10.9) includes the performance objective. After discussions with program and assessment staff we decided to revise the performance objective downward based on the data from the last four years. Because of the small numbers, the rates are highly variable. A conservative annual decrease of 0.1 in the rate/year was chosen.

The numerator for this rate is defined as the number deaths with ICD 10 Codes X60-X84 and Y87.0 and U03 for youth ages 15-19. The denominator is the estimated population for ages 15-19. The rate is per 100,000 population. The source for the data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and the Office of Financial Management, Intercensal and Postcensal Estimates of County Population by Age and Sex.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses and interdepartmental discussions took place to choose future objectives. Rates are very variable and trends are based on many years of data, so future targets may not appear to align with the most recent results. The 95% confidence interval (6.1, 11.6) which includes the performance objective. Because of the small numbers, the rates are highly variable. A conservative annual decrease of 0.1 in the rate/year was chosen.

The numerator for this rate is defined as the number deaths with ICD 10 Codes X60-X84 and Y87.0 and U03 for youth ages 15-19. The denominator is the estimated population for ages 15-19. The rate is per 100,000 population. The source for the data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and the Office of Financial Management, Intercensal and Postcensal Estimates of County Population by Age and Sex.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective		85	86	87	86.1
Annual Indicator	86.1	87.8	85.9	85.8	
Numerator	683	604	709	774	
Denominator	793	688	825	902	
Data Source					See field notes

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	86.2	86.2	86.3	86.3	86.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

No data available.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and discussions were used to create the future objectives. The number of tertiary care hospitals has increased over time leading to improvements in this indicator, but is not expected to increase further. Therefore, an increase of 0.1 percent every two years was chosen.

The numerator is determined by the number of resident very low birth weight (VLBW) births that occur in-state delivered at a hospital providing perinatal intensive care (Level III). The denominator represents the total number of VLBW resident infants born in-state. The source for this data is the Washington Center for Health Statistics Birth Certificate Files

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A combination of trend analyses and discussions were used to create the future objectives. The number of tertiary care hospitals has increased over time leading to improvements in this indicator, but is not expected to increase further. Therefore, an increase of 0.1 percent every two years was chosen.

The numerator is determined by the number of resident very low birth weight (VLBW) births that occur in-state delivered at a hospital providing perinatal intensive care (Level III). The denominator represents the total number of VLBW resident infants born in-state. The source for this data is the Washington Center for Health Statistics Birth Certificate Files

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	85.1	83	80	81	81
Annual Indicator	79.6	79.2	78.5	76.3	
Numerator	53,367	54,648	59,518	61,938	
Denominator	67,048	69,038	75,853	81,187	
Data Source					See field notes

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	77	77	77	78	78
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are not available for 2008.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: A new birth certificate was implemented in 2003. The specificity of the question, which asks for the exact date of prenatal care initiation, has resulted in a high amount of missing data. In 2007, 8.7% of the data was missing for this measure. This is, however, an improvement over past year's percentages

Trend analyses based on data from 2003-2007 indicate a continued decrease in this measure. Additionally, there is a large disparity by Medicaid status. 65.3% of women receiving Medicaid received care beginning in the first trimester compared to 86.6% of women not receiving Medicaid (source First Steps Data Base, Washington State Department of Social and Health Services). The apparent and sustained decrease in the measure has led program staff to believe that decreasing the target to reflect recent data and holding this rate steady is the optimal outcome which can be achieved in the short term given recent cuts to the First Steps program and a lack of availability of providers to take on additional Medicaid patients in some regions of the state. It is hoped that future economic conditions will facilitate a return to a positive trend in this measure and this is indicated in an increase of 1% and its maintenance in the 2012-2013 period.

Further, the National Center for Health Statistics (NCHS) indicates that, "the 2003 revision of the birth certificate introduced substantive changes in item wording and also to the sources of prenatal information....Accordingly, prenatal care data for the two revisions are not comparable." As a result, trend analysis crossing from 2002-2003 cannot be done. Trends can only be based on five years' worth of data (2003-2007).

The source for these data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October). The numerator is the number of resident live births with a reported first prenatal visit before 13 weeks gestation. The denominator is the total number of resident live births. Missing data are excluded.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: A new birth certificate was implemented in 2003. The specificity of the question, which asks for the exact date of prenatal care initiation, has resulted in a high amount of missing data. In 2006, 12.7% of the data was missing for this measure.

Trend analyses based on data from 2003-2007 indicate a decrease in this measure. Additionally, there is a large disparity by Medicaid status. 68.4% of women receiving Medicaid received care beginning in the first trimester compared to 87.7% of women not receiving Medicaid. We are working closely with our partners in the Department of Social and Health Services to better understand the causes of both the disparity and decline in 1st trimester prenatal care and have jointly developed these targets.

Further, the National Center for Health Statistics (NCHS) indicates that, "the 2003 revision of the birth certificate introduced substantive changes in item wording and also to the sources of prenatal information....Accordingly, prenatal care data for the two revisions are not comparable." As a result, trend analysis crossing from 2002-2003 cannot be done. Trends can only be based on three years' worth of data (2003-2005).

The source for these data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October). The numerator is the number of resident live births with a reported first prenatal visit before 13 weeks gestation. The denominator is the total number of resident live births. Missing data are excluded.

STATE PERFORMANCE MEASURE # 1

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	52.8		52	52	52
Annual Indicator	49.5	51.7	51.0	50.0	
Numerator	52,596	55,011	56,923	56,835	
Denominator	106,283	106,427	111,635	113,656	
Data Source					See field notes
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>51</u>	<u>51</u>	<u>51</u>	<u>51</u>	<u>51</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

No data are available for 2008.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator for this measure is derived from the estimated percentage of unintended pregnancies from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey *(resident live births + reported resident abortions). The denominator for this measure is the number of resident live births + reported resident abortions. Birth and abortion data are obtained from the Washington State Center for Health Care Statistics Birth, Fetal Death, and Abortion files for 2007. PRAMS 2007 data are used.

Given three years of a slight, but steady downward trend it was decided to lower the annual performance objective by one percent through 2013.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: The unintended pregnancy rate in Washington has been stable for several years despite decreases in the abortion rate and declines in teen pregnancy rates.. Given the stability of this measure, the development of other family planning measures which may have more information is being investigated.

This numerator for this measure is derived from the estimated percentage of unintended pregnancies from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey *(resident live births + reported resident abortions). The denominator for this measure is the number of resident live births + reported resident abortions. Birth and Abortion data are obtained from the Washington State Center for Health Care Statistics Birth, Fetal Death, and Abortion files for 2006. PRAMS 2006 data are used.

STATE PERFORMANCE MEASURE # 5

Promote the use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			70	85	95
Annual Indicator		40	65	80	90
Numerator					
Denominator					
Data Source					WA State Child and Adolescent Health Section
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

PERFORMANCE OBJECTIVES: This new performance measure for the period of 2005-2009, is a process measure which differs from the other measures, which are outcome-oriented. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). Since there are 20 benchmarks for the five year period, each benchmark is equivalent to five percentage points; at the end of the five years, 100% of the benchmarks seek to be attained. Each benchmark relates to the use of Bright Futures materials and principles by providers in Washington State.

The following new benchmarks have been attained:

Year 4

- Develop plan for ongoing professional oral health trainings, based on the evaluation.

- Assess Bright Futures activities to date and revise the plan in order to continue health promotion activities for the MCH population.

These data are provided by the Office of Maternal and Child Health, Child and Adolescent Health Section of the Washington State Department of Health, Division of Community and Family Health.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: This new performance measure for the period of 2005-2009, is a process measure which differs from the other measures, which are outcome-oriented. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). Since there are 20 benchmarks for the five year period, each benchmark is equivalent to five percentage points; at the end of the five years, 100% of the benchmarks seek to be attained. Each benchmark relates to the use of Bright Futures materials and principles by providers in Washington State. The following new benchmarks have been attained:

Year 3

- Conduct trainings or develop curricula/materials according to needs identified in assessment.

- Evaluate Bright Futures oral health trainings.

- Disseminate findings from Foster Parent Mental Health project

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: This new performance measure for the period of 2005-2009, is a process measure which differs from the other measures, which are outcome-oriented. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). Since there are 20 benchmarks for the five year period, each benchmark is equivalent to five percentage points; at the end of the five years, 100% of the benchmarks seek to be attained. Each benchmark relates to the use of Bright Futures materials and principles by providers in Washington State. The following benchmarks have been attained.

Years 1 and 2

- Form internal (DOH) Bright Futures working/advisory group.

- Plan for establishing inter-agency Bright Futures group—including for example schools or OSPI, American Academy of Pediatrics national and state chapters, family practitioners, Medicaid (DSHS), health plans

- Provide support and technical assistance to groups of professionals recently trained in use of Bright Futures: the school nurse corps supervisors, early childhood providers participating in Bright Futures in Early Childhood.

- Develop plan for assessment of current use of Bright Futures by health, social service and education providers in the state.

- Develop plan for using Bright Futures Oral Health in statewide trainings.

- Begin implementation of the grant-funded project to train foster families in mental health issues using Bright Futures.

- Disseminate findings/successes/lessons learned from Bright Futures in Early Childhood Project.
 - Begin assessment of the current use of Bright Futures by Washington State providers.
 - Begin assessment of the current use of Bright Futures by Washington State providers.
 - Begin assessment of the need for Bright Futures trainings among professionals across the state.
 - Continue Foster Parent Mental Health training.
 - Collaborate or coordinate with other DOH groups such as Physical Activity and Nutrition, or STEPS, to promote Bright Futures.
 - Implement Bright Futures Oral Health trainings.
- Develop materials for trainings of health, education and social service providers.
-

STATE PERFORMANCE MEASURE # 6

Percent of children 6-8 years old with dental caries experience in primary and permanent teeth.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			52.2	58	57
Annual Indicator	55.6	59.0	59.0	59.0	59.0
Numerator	136,345	145,873	147,801	147,801	151,331
Denominator	245,224	247,243	250,511	250,511	256,493
Data Source					Washington State 2005 Smile Survey
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	56	55	54	53	52
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

PERFORMANCE OBJECTIVES: There are only two years of data available since the Smile Survey is administered every five years. As more data become available, additional analyses will be conducted to determine appropriate future objectives. A gradual decrease of 1% per year through 2013 was chosen.

The source of the data is the 2005 Washington State SMILE Survey, therefore there are no new data for the indicator for 2008. The indicator reflects the proportion of 6-8 year olds with dental caries experience in primary and permanent teeth. The source of the denominator data is the Office of Financial Management Population Forecast. The numerator is calculated from both of these.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

PERFORMANCE OBJECTIVES: There are only two years of data available since the Smile Survey is administered every five years. As more data become available, additional analyses will be conducted to determine appropriate future objectives. A gradual decrease of 1% per year through 2012 was chosen.

The source of the data is the 2005 Washington State SMILE Survey, therefore there are no new data for 2007. The indicator reflects the proportion of 6-8 year olds with dental caries experience in primary and permanent teeth. The source of the denominator data is the Office of Financial Management Population Forecast. The numerator is calculated from both of these.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

PERFORMANCE OBJECTIVES: There are only two years of data available since the Smile Survey is administered every five years. As more data becomes available, additional analyses will be conducted to determine appropriate future objectives. A gradual decrease of 1% per year through 2011 was chosen.

The source of the data is the 2005 Washington State SMILE Survey, therefore there is no new data for 2006. The indicator reflects the proportion of 6-8 year olds with dental caries experience in primary and permanent teeth. The source of the denominator data is the Office of Financial Management Population Forecast. The numerator is calculated from both of these.

STATE PERFORMANCE MEASURE # 7

Strengthen statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			54	82.8	97.2
Annual Indicator		25.2	48.6	86.4	100
Numerator					
Denominator					
Data Source					WA State Child and Adolescent Health Section
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a process measure (work being accomplished is groundbreaking & harder to quantify), w/ 28 benchmarks (statements describing annual work), weighted ~3.6% each with the goal of 100% attainment by 2010.

In 2008 all 28 benchmarks were attained, including the following new benchmarks:

- Maintain collaborations/partnerships with public and private sectors addressing health, safety and school readiness of children 0-5.
- Disseminate findings from Kids Matter implementation grant.
- Achieve full compliance of statewide users reporting in Healthy Child Care Washington (HCCW) data collection system.
- Develop and implement a plan to reduce barriers/promote strengths in HCCW network to support nurturing relationships and healthy environments in child care.

These data are provided by the Office of Maternal and Child Health, Child and Adolescent Health Section of the Washington State Department of Health, Division of Community and Family Health.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

This is a process measure. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). There are 28 benchmarks, weighted ~3.6% each with the goal of 100% attainment by 2010.

The following new benchmarks have been attained:

- Provide technical assistance and training to Child Care Health Consultants regarding Kids Matter and implementation activities.
- Identify existing OMCH data that can inform Kids Matter indicators and outcomes.
- Identify system level indicators for components of Kids Matter.
- Communicate health and safety in school readiness efforts based on Kids Matter system level outcomes across OMCH.
- Link Kids Matter indicators and outcomes to OMCH 9 priorities.
- Provide technical assistance and training to users of web-based data collection system for Healthy Child Care Washington (HCCW).
- Identify key HCCW policy messages and dissemination strategies.
- Create and disseminate annual report for Healthy HCCW.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

This is a process measure. The work being accomplished is groundbreaking and harder to quantify. Therefore, it will be assessed through benchmarks (statements describing the work that has been conducted each year). There are 28 benchmarks, weighted ~3.6% each with the goal of 100% attainment by 2010.

The following new benchmarks have been achieved:

- Identify opportunities for funding and/or partnership initiatives related to health, safety and school readiness of children 0-5.
- Identify opportunities for funding and/or partnership initiatives to sustain the statewide system of Child Care Health Consultation.
- Monitor Kids Matter indicators and outcomes.
- Share information with Kids Matter planners and OMCH staff to inform efforts related to health, safety and school readiness.
- Review user feedback to determine if changes to Healthy Child Care Washington (HCCW) data collection system or training or technical assistance are needed.
- Make changes to HCCW data collection system as needs are identified.
- Disseminate key HCCW policy messages to related groups and initiatives.
- Identify barriers and strengths in HCCW network to promoting nurturing relationships and healthy environments in child care.
- Use information and data gathered from Kids Matter in Years 1-4 to inform 2010 OMCH Needs Assessment.

STATE PERFORMANCE MEASURE # 8

Use an established framework for ensuring quality screening, identification, intervention, and care coordination for women, infants, children, adolescents, and their families.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					100
Numerator					
Denominator					
Data Source					WA State Office of Maternal and Child Health
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2008

Field Note:

All quality improvement measures in the OMCH used the established framework.

These data are provided by the Office of Maternal and Child Health of the Washington State Department of Health, Community and Family Health Division.

2. **Section Number:** Form11_State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2007

Field Note:

No data available as this is a new State Performance Measure.

STATE PERFORMANCE MEASURE # 9

Develop an outcome measure for the Washington State maternal and child health priority of Optimal Mental Health and Healthy Relationships.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					39.9
Numerator					
Denominator					
Data Source					Washington State Office of Maternal and Child Health
Is the Data Provisional or Final?					Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	60	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a process measure created with the goal of developing an outcome measure. There are 8 benchmarks describing tasks, each variably weighted according to their importance. SPM09 is anticipated to be complete in 2010

Benchmarks with degree of completion:

-Complete literature review to identify best practices for achieving specific desirable outcomes. 100% complete

-Identify existing mental health/healthy relationship activities (initiatives) being done in OMCH and identify any new activities that would be appropriate to add. 100% complete

-Determine if OMCH wants to adopt a specific theoretical model for promoting behavior change and use the model to help identify desired outcomes of the identified activities. 50% complete

-Determine short, intermediate, and long term outcomes for each activity. 66% complete

These data are provided by the Office of Maternal and Child Health of the Washington State Department of Health, Community and Family Health Division.

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data are available. This is a new State Performance Measure.

STATE PERFORMANCE MEASURE # 10

Identify health disparities, develop and implement interventions to address disparities, and evaluate the effectiveness of interventions in achieving health equity.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	2.5
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					WA State Office of Maternal and Child Health
Is the Data Provisional or Final?					Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

This measure is the average score given by the various participating sections in the Office of Maternal and Child Health of the Washington State Department of Health, Community and Family Health Division. Each section self-evaluated and reported the following scores.

Scale is 1- 3; 3 is the highest score possible.

Genetics – 3
 CSHCN – 3
 CAH – 2
 IPCP – 3
 Oral Health – 2
 MIH – 2

OMCH average score – 2.5

These data are provided by the Office of Maternal and Child Health of the Washington State Department of Health, Community and Family Health Division.

2. Section Number: Form11_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

No data are available. This is a new State Performance Measure.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: WA

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.5	5.5	5.3	5
Annual Indicator	5.5	5.1	4.7	4.8	
Numerator	451	420	406	427	
Denominator	81,715	82,625	86,845	88,921	
Data Source					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	5	4.9	4.8	4.8	4.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2008
Field Note:
 No data available.

2. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2007
Field Note:
 PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states was used to create the future objectives.

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) multiplied by 1000. The source for these data is Washington Center for Health Statistics, Linked Birth and Death Certificate files.

3. **Section Number:** Form12_Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2006
Field Note:
 PERFORMANCE OBJECTIVES: A combination of trend analyses and comparisons to other states was used to create the future objectives.

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) multiplied by 1000. The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate files.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.6	1.6	1.9	1.6
Annual Indicator	2.1	2.0	1.6	2.1	
Numerator	10.4	9.3	6.5	8.8	
Denominator	4.9	4.7	4	4.2	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.6	1.5	1.5	1.5	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

No data are available.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

The ratio is represented by the mortality rate for black infants/mortality rate for white infants by the definition given in (1). The source for these data is the Washington Center for Health Statistics, Linked Birth and Death Certificate files. The race of the mother is used.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past twelve years have shown an overall gradual decrease. Therefore, a gradual decrease of 0.1% every four years was chosen through 2011.

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002 to 2003.

The ratio is represented by the mortality rate for black infants/mortality rate for white infants by the definition given in (1). The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate files. The race of the mother is used.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.2	3.6	3.6	3.4	3.4
Annual Indicator	3.3	3.0	3.0	2.8	
Numerator	273	252	260	253	
Denominator	81,715	82,625	86,845	88,921	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.3	3.3	3.3	3.3	3.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2008

Field Note:

No data are available.

2. **Section Number:** Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past eight years resulted in future objectives with a the rate set at 3.3 through the year 2013.

The rate is determined by (the number of resident infant deaths occurring within the first 27 days of life divided by the total number resident live births) multiplied by 1000. The source for these data is the Washington Center for Health Statistics, Linked Birth and Death Certificate files.

3. **Section Number:** Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past eight years resulted in future objectives with a gradual 0.1 decrease through the year 2012.

The rate is determined by (the number of resident infant deaths occurring within the first 27 days of life divided by the total number resident live births) multiplied by 1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2006, from linked Birth and Death Certificate files.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.9	1.9	1.9	1.9
Annual Indicator	2.2	2.0	1.9	2.0	
Numerator	178	168	165	174	
Denominator	81,715	82,625	86,845	88,921	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.9	1.8	1.8	1.8	1.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past seven years have resulted in a future objective of 1.8 through 2013.

This rate is determined by (The number of deaths occurring to resident infants 28-364 days of age divided by the total number of resident live births) multiplied by 1000. The source for these data is the Washington Center for Health Statistics, Linked Birth and Death Certificate files.

2. **Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: While rates are highly variable, trend analyses based on the past seven years have resulted in a future objective of 1.8 through 2012.

This rate is determined by (The number of deaths occurring to resident infants 28-364 days of age divided by the total number of resident live births) multiplied by 1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate files.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8.4	8.3	8.3	8.3
Annual Indicator	7.8	8.5	8.1	7.8	
Numerator	639	703	706	692	
Denominator	81,715	82,625	86,845	88,921	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	8.3	8.3	8.2	8.2	8.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past 14 years have shown a very gradual decrease, resulting in a future objective of 8.2 through 2013.

The rate is determined by [The number of resident fetal deaths greater than 20 weeks gestation plus resident infant deaths within the first 6 days of life divided by the total resident live births plus Fetal deaths]multiplied by 1000. The source for these data is the Washington Center for Health Statistics, Linked Birth and Death Certificate files.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: Trend analyses based on the past 14 years have shown a very gradual decrease, resulting in a future objective of 8.2 through 2012.

The rate is determined by [The number of resident fetal deaths greater than 20 weeks gestation plus resident infant deaths within the first 6 days of life divided by the total resident live births plus Fetal deaths] multiplied by 1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2005, from linked Birth and Death Certificate files.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	20.2	17	18.4	16.7	15.3
Annual Indicator	15.0	15.3	13.8	14.4	
Numerator	176	180	165	173	
Denominator	1,176,838	1,178,699	1,195,874	1,198,742	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	15	14.7	14.4	14.1	13.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Data not available.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses, input from the State Injury Program and comparisons to other states were used to create the future objectives, resulting in a 0.3 decrease in the rate every year through 2013.

The source for this data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from the Washington State Office of Financial Management.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE OBJECTIVES: A combination of trend analyses, input from the State Injury Program and comparisons to other states were used to create the future objectives, resulting in a 0.3 decrease in the rate every year through 2012.

The source for this data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from the Washington State Office of Financial Management.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: WA

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: WA FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Adequate nutrition and physical activity.
2. Lifestyles free of substance use and addiction.
3. Optimal mental health and healthy relationships.
4. Health Equity.
5. Safe and healthy communities.
6. Healthy physical growth and cognitive development.
7. Sexual health and sexual responsibility.
8. Access to preventive and treatment services.
9. Quality screening, identification, intervention, and care coordination.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: WA

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Funding assistance to bring genetic service providers (clinical and laboratory), and private and public payers from remote locations in Washington State to participate in a forum to discuss billing and reimbursement for genetic services.	Funding is needed to pay travel expenses for participants from remote areas of the state. This will ensure full representation.	TBD
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Funding for an education and training event for child care health consultants (CCHCs). CCHCs are located in local health jurisdictions (LHJs).	Funding is needed to pay travel expenses for participants from remote areas of the state. This will promote participation from all LHJs. Funds may also pay for presenters and/or speakers.	TBD
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Funding to implement the Oral Health Smile Survey, dental screening for children in Head Start and elementary schools.	Data from the survey of children's oral health will drive program planning at the state and local level in order to improve the oral health of children.	TBD
4.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Funding to convene a workgroup to update the mechanisms that describe local options for using MCHBG funds, track which activities each LHJ is performing, and collect data on them. They also form the basis for billing.	OMCH staff and LHJ representatives will work collaboratively to revise these documents and the systems around them. The last revision was prior to 2001. The result will be a stronger, more efficient partnership for delivering MCH programs statewide.	TBD
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 10 </u>	Funding for a Child Death Review (CDR) Conference in 2010.	Funding is needed to pay travel expenses for CDR Team members from remote areas of the state. This will ensure full representation. Funding may also be requested for conference presenters.	TBD
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: WA

SP # 1

PERFORMANCE MEASURE:

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

STATUS:

Active

GOAL

Reduce the number of unplanned pregnancies.

DEFINITION

THIS SPM IS A CONTINUATION FROM SPM 1 IN THE 2000-2004 NEEDS ASSESSMENT.

Numerator:

Numerator: Estimate of all unintended births from PRAMS data, similar proportion of fetal deaths, plus all abortions.

Denominator:

Denominator: All live births and fetal deaths plus abortions.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People 2010 Objective 9-1

Related to Objective 9-1: Increase the proportion of pregnancies that are intended to 70%. (Baseline 51% of all pregnancies among females 15-44 years were intended in 1995)

DATA SOURCES AND DATA ISSUES

PRAMS and WA State Center for Health Statistics abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy.

SIGNIFICANCE

Unintended pregnancy is correlated with late or inadequate prenatal care, low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse. This is a measure of family planning.

SP # 5

PERFORMANCE MEASURE:

Promote the use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

STATUS:

Active

GOAL

Promote the use of Bright Futures materials and principles by health, social service, and education providers in Washington State.

DEFINITION

Description of Bright Futures: Bright Futures is a vision, a philosophy, a set of expert guidelines, and a practical developmental approach to providing health supervision for children of all ages, from birth through adolescence. Bright Futures is endorsed by the American Academy of Pediatrics as an example of "best practices" in health supervision of children and youth. Modules and guidelines also exist on the subjects of mental health, oral health, physical activity, and nutrition. Efforts to promote the use of Bright Futures involve increasing awareness in and outside of DOH, training specific groups of professionals or potential users (like parents), and providing continuing support for those already trained while reaching out to new groups. Assessment of needs, evaluation of interventions, and dissemination of knowledge and practice are integral parts of the outreach and training

Numerator:

The number of performance measure benchmarks Washington has reached towards assessing the usage of Bright Futures materials and principles.

Denominator:

Total number of benchmarks. Please see Field Notes.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data related focus areas will include: Data will be obtained from trainings provided and programs given by DOH or its contractors. An assessment of use of Bright Futures by health professionals will provide a baseline.

SIGNIFICANCE

Background and significance of Bright Futures materials and principles: Bright Futures materials are designed in a way to be accessible to parents and non-professional caretakers, as well as health care professionals. Increasing access to health services is a priority of state health and political entities. Bright Futures guidelines provide a way to assess and improve the quality of the services, whether they are provided in a clinical setting, a school, or a community setting. Bright Futures also is an accessible and understandable way for child health workers to become familiar with stages of development, and the basics of mental health, oral health, physical activity, and nutrition. A need exists for practical training models and technical assistance to those starting to use Bright Futures.

SP # 6

PERFORMANCE MEASURE:

Percent of children 6-8 years old with dental caries experience in primary and permanent teeth.

STATUS:

Active

GOAL

Reduce the percent of children 6-8 years old with dental caries experience in primary and permanent teeth to the Healthy People 2010 goal of 42% (2005 baseline is 59%). Although the national goal will be sought, it is important to remember that Washington State children currently suffer substantially from dental decay as compared to the nation. The new state program has started to invest heavily in the promotion of water fluoridation and sealants to achieve the HP 2010 target.

DEFINITION

This is an on-going measure using data from the Washington State Smiles Survey.

Numerator:

Children 6-8 years old with dental caries experience in primary and permanent teeth

Denominator:

Children 6-8 years old

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

The Healthy People 2010 Objective for this measure is 42%

Related to Objective 21-1b: Reduce the proportion of children with dental caries experience in their primary and permanent teeth to 42%. (Baseline: 52% of children aged 6 to 8 years had dental caries experience in 1988-1994).

DATA SOURCES AND DATA ISSUES

In order to track the trend of decay experience in our children, the results of the Washington State Smile Survey 1994, 2000, 2005, 2010 will be utilized. Additionally, Washington State's new oral health surveillance system will also provide information. Through these data sources, better monitoring and information distribution about decay experience will take place.

SIGNIFICANCE

Dental caries experience in 6-8 years old is a well-known measure of oral health status. Its reduction has been recommended by the CDC, and is one of the objectives of the national Healthy People document. As progress is made, the heightened awareness and the identification of this new measure is very meaningful to Washington State. Challenges in the accomplishment of this measure include severe staff shortage for the past five years, and not being ranked well in the two most cost-effective preventive measures for dental decay: traditionally observed low rates of water fluoridation, and more recently, a decline in the use of school-based dental sealants. As a consequence, it is expected that Washington children will continue to suffer from substantial dental decay, as reflected in the results of the Smile Survey 2005. The new state oral health program is taking serious steps towards improving this situation, and it will take a lot of effort and partnerships to revert such a scenario. Despite these challenges, confidence remains that a difference and improvement in the lives of Washington children will be attained.

SP # 7

PERFORMANCE MEASURE:

Strengthen statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

STATUS:

Active

GOAL

Strengthen statewide system capacity to promote health, safety, and school readiness of children birth to kindergarten entry.

DEFINITION

Identify and track OMCH activities that affect the health of young children, and integrate elements of Kids Matter plan into existing and new activities and groups. Healthy Child Care Washington, a system that supports child care health consultants, will become more integrated with Kids Matter through training of professionals and improving data collection, evaluation, and dissemination of knowledge gained.

Numerator:

The number of performance measure benchmarks Washington has reached to increase statewide system capacity to promote health, safety, and school readiness.

Denominator:

Total number of benchmarks. Please see Field Notes.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will come from the Child and Adolescent Health Program.

SIGNIFICANCE

The Washington State Department of Health, Maternal and Child Health Office (MCH) has taken a comprehensive approach to building an integrated public health/child care/early childhood framework throughout Washington State in order to ensure the health and safety of the 60-70% of children under age 5 who are estimated to attend out-of-home care. This approach encompasses both the immediate physical needs of children as well as the developmental and emotional health in order to support children's readiness to learn at school entry. MCH activities have focused in five areas: Access to health, Childhood MCH, Early childhood education, and parental and family support. All of these MCH activities aim to provide training and resources to better understand the health status and provide for the developmental needs of children in child care/early childhood.

SP # 8

PERFORMANCE MEASURE:

Use an established framework for ensuring quality screening, identification, intervention, and care coordination for women, infants, children, adolescents, and their families.

STATUS:

Active

GOAL

This is a process measure to assess progress toward implementing a framework that can be used by any program within OMCH. The framework will provide guidance when embarking on a quality improvement (QI) project and will assist programs with tracking the course of the work they are doing relating to quality assurance or improvement. The intent is to establish a single framework and standard to which all programs are accountable and that they can use to guide their work.

DEFINITION

This is a new SPM This process measure is based on a list of all quality improvement initiatives in OMCH and determined by the percentage of those initiatives using the framework.

Numerator:

The numerator is the number of quality improvement initiatives actively using the established framework.

Denominator:

The denominator is derived from all active quality improvement initiatives underway in OMCH during a calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The measure is based on a list of all QI initiatives in OMCH and determined by the percentage of those initiatives using the framework. In each block grant cycle, sections will report on where their initiatives were, are, and plan to be within the matrix during the specified time periods.

SIGNIFICANCE

The intent is to establish a single framework and standard to which all programs are accountable and that they can use to guide their work. By instituting this as a process measure, OMCH is adopting a strategy that will help programs effectively make change and allow cross program collaboration and opportunities to collectively plan for allocating resources.

SP # 9

PERFORMANCE MEASURE:

Develop an outcome measure for the Washington State maternal and child health priority of Optimal Mental Health and Healthy Relationships.

STATUS:

Active

GOAL

Identify an outcome measure to represent the collective efforts of multiple sections in the Office of Maternal and Child Health toward optimal mental health and healthy relationships.

DEFINITION

This is a new SPM This is a process measure to track our progress toward the goal by setting benchmarks for significant milestones in the process toward developing an outcome measure. Each benchmark is weighted differently based on level of difficulty or length of time to complete. The timeline in which to achieve 100% completion is May 2008 to April 2009.

Numerator:

The numerator is the sum of all weighted percentages of the benchmarks completed.

Denominator:

The denominator is 100, representing 100% completion of all benchmarks.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Benchmarks 1)Complete a literature review to identify best practices for achieving specific desirable outcomes.(10%) 2) Identify existing mental health/healthy relationship activities (initiatives)being done in OMCH and identify any new activities that would be appropriate to add.(15%) 3)Determine if OMCH wants to adopt a specific theoretical model for promoting behavior change and use the model to help identify desired outcomes of the identified activities.(10%) 4)Determine short, intermediate, and long term outcomes for each activity.(15%) 5)Identify the short, intermediate, and long term outcomes for which OMCH has direct or primary influence.(10%) 6)Select an outcome, or create a composite outcome, for which OMCH has direct or primary influence.(15%) 7)Identify ways to measure the selected outcome, and if needed, develop the means to collect needed data or information.(15%) 8)Develop an evaluation process for mental health and healthy relationship initiatives.(10%)

SIGNIFICANCE

Identifying a single measure to reflect the work of several programs within the Office of Maternal and Child Health will help us align work across programs in the office and ensure that all programs working toward a common goal will have a measure that holds them accountable.

SP # 10

PERFORMANCE MEASURE:

Identify health disparities, develop and implement interventions to address disparities, and evaluate the effectiveness of interventions in achieving health equity.

STATUS:

Active

GOAL

Assess internal efforts to identify health disparities and work toward achieving health equity.

DEFINITION

This is a process measure based on a self assessment by each section in the Office of Maternal and Child Health of its efforts to reduce health disparities. It measures efforts to build infrastructure and capacity within OMCH to achieve health equity in the maternal and child population.

Numerator:

The numerator is the sum of the self-assessment scores from each section.

Denominator:

The denominator the total number of sections who completed a self assessment.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The measure is an average of scores from each section. For example, each section will conduct a self assessment and determine how many of the eight criteria it meets. Each section receives a score of 1, 2, or 3 depending on how many of the eight selected criteria it meets: 1 = meets <4 criteria; 2 = meets 4 to 7 of the criteria; 3 = meets all 8. The scores are averaged to reach an office-wide score. Please see field notes for the criteria.

SIGNIFICANCE

Setting standards and expectations for identifying and addressing health disparities will hold each section within the Office of Maternal and Child Health accountable to the "Health Equity" priority. Within the next one to years, we will identify or develop an outcome measure to reflect the combined efforts of all the sections.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: WA

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2004	2005	<u>Annual Indicator Data</u>		
			2006	2007	2008
Annual Indicator	27.8	29.2	25.3	21.6	
Numerator	1,113	1,187	1,042	909	
Denominator	400,939	405,992	412,285	420,384	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Data not available for 2008.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data for this Health Systems Capacity Indicator (HSCI01) are gathered from the Comprehensive Hospital Abstract Reporting System (CHARS), Washington State's hospital discharge database. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The data was accessed using VISTAPHw software.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this Health Systems Capacity Indicator (HSCI01) are gathered from the Comprehensive Hospital Abstract Reporting System (CHARS), Washington State's hospital discharge database. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The data was accessed using VISTAPHw software.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	98.6	99.1	99.0	99.1	
Numerator	35,011	36,986	38,087	43,527	
Denominator	35,509	37,322	38,472	43,923	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

No data are available for 2008.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

These data are based on the Washington State 2007 HEDIS Report from the Department of Social and Health Services and reflect the estimated statewide proportion of children who turned 15 months old during the reporting year, who were enrolled from 31 days of age in Medicaid or SCHIP and who received at least one well child visit. Data from seven managed care plans (who serve approximately 70% of the Medicaid enrollees less than 15 months) contributed to this report. Children not covered by managed care plans include those on SSI, in foster care, and residents who live in counties without a managed care option.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

These data are based on the Washington State 2006 HEDIS Report from the Department of Social and Health Services and reflect the estimated statewide proportion of children who turned 15 months old during the reporting year, who were enrolled from 31 days of age in Medicaid or SCHIP and who received at least one well child visit. Data from seven managed care plans (who serve approximately 70% of the Medicaid enrollees less than 15 months) contributed to this report. Children not covered by managed care plans include those on SSI, in foster care, and residents who live in counties without a managed care option. The 2006 HEDIS percentage was used as an estimate for 2007, since no new data are available.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u> </u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u> </u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data are unavailable for 2008.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data are unavailable for 2007. We don't expect to be able to report on this measure for 2007 because data specific to SCHIP enrollees are not available through HEDIS for this age group. Washington SCHIP covers from 200 to 250% of the poverty level. In Washington, children are covered by SCHIP and Medicaid in much the same way. There is no reason to suspect a difference in levels of coverage.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

HEDIS Data was unavailable for 2006. In 2006 there were approximately 180 children less than 15 months during the reported year who were covered by the State Children's Health Insurance Plan. However, we don't expect to be able to report on this measure for 2006 because data specific to SCHIP enrollees are not available through HEDIS for this age group. Washington SCHIP covers from 200 to 250% of the poverty level.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	61.6	68.0	66.3	64.8	
Numerator	41,243	43,866	47,222	49,154	
Denominator	66,926	64,482	71,244	75,895	

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

No data are yet available for 2008.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

These data were obtained from the First Steps Database, Washington State Department of Social and Health Services, and are gathered from 2007 Washington State Birth Certificate files.

The numerator represents the number of resident women (ages 15-44) with a live birth whose Adequacy of Prenatal Care Utilization index is greater than or equal to 80%.

The denominator represents all resident women (ages 15-44) with a live birth during the reporting year.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

These data were obtained from the First Steps Database, Washington State Department of Social and Health Services, and are gathered from 2006 Washington State Birth Certificate files.

The numerator represents the number of resident women (ages 15-44) with a live birth whose Adequacy of Prenatal Care Utilization index is greater than or equal to 80%.

The denominator represents all resident women (ages 15-44) with a live birth during the reporting year.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	86.5	87.3	88.0	88.5	
Numerator	600,174	590,014	593,536	590,175	
Denominator	694,133	676,232	674,373	666,834	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are not available for 2008.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Technical Note: The source of these data is the Client Services Database, Research Data and Analysis, Washington State Department of Social and Health Services; and Office of Financial Management. The numerator represents clients aged 1 to 21 years who are receiving medical assistance; it includes both managed care and fee for service clients. The data in the denominator are the total number of medically eligible clients aged 1 to 21 years old.

*SCHIP children are included in managed care

*Data is gathered from the Client Service Database, which does not get medical managed care encounter information. Therefore it does not measure the types of services received for children enrolled in managed care. Being enrolled in a managed care plan counts as receiving medical services, regardless of whether the child visited a health professional or not.

Medically Eligible Title XIX description:

Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds:

(1) medical assistance on behalf of families with dependent children, whose income and resources are insufficient to meet the costs of necessary medical services, and of aged, blind, or disabled individuals.

(2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

2005 Indicator – 88.0%

Numerator - 593536

Denominator - 674373

Technical Note: The source of these data is the Client Services Database, Research Data and Analysis, Washington State Department of Social and Health Services; and Office of Financial Management. The numerator represents clients aged 1 to 21 years who are receiving medical assistance; it includes both managed care and fee for service clients. The data in the denominator are the total number of medically eligible clients aged 1 to 21 years old.

*SCHIP children are included in managed care

*Data is gathered from the Client Service Database, which does not get medical managed care encounter information. Therefore it does not measure the types of services received for children enrolled in managed care. Being enrolled in a managed care plan counts as receiving medical services, regardless of whether the child visited a health professional or not.

Medically Eligible Title XIX description:

Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds:

(1) medical assistance on behalf of families with dependent children, whose income and resources are insufficient to meet the costs of necessary medical services, and of aged, blind, or disabled individuals.

(2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>53.9</u>	<u>56.5</u>	<u>57.0</u>	<u>59.1</u>	<u>60.3</u>
Numerator	<u>72,821</u>	<u>73,259</u>	<u>76,404</u>	<u>78,397</u>	<u>81,395</u>
Denominator	<u>135,052</u>	<u>129,672</u>	<u>133,948</u>	<u>132,761</u>	<u>134,958</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

These data come from the Washington State Department of Social and Health Services Medical Assistance Administration (MAA). The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2008. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2008, in both Healthy Options (the MAA managed care program) and fee-for-service.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

These data come from the Washington State Department of Social and Health Services Medical Assistance Administration (MAA). The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2007. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2007, in both Healthy Options (the MAA managed care program) and fee-for-service.

These data are provisional.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

These data come from the Washington State Department of Social and Health Services (DSHS) Medical Assistance Administration (MAA). The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2006. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2006, in both Healthy Options (the MAA managed care program) and fee-for-service.

In 2006 the rate of EPSDT eligible children who received dental services during the year was 57.0 %, an increase over prior years, following a slightly increasing trend evident since 2000. These data are gathered from the DSHS Health and Recovery Services Administration (HRSA).

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		<u>7.7</u>	<u>6.1</u>	<u>5.9</u>	<u>5.5</u>	<u>5.4</u>
Numerator		<u>910</u>	<u>875</u>	<u>897</u>	<u>860</u>	<u>749</u>
Denominator		<u>11,893</u>	<u>14,300</u>	<u>15,217</u>	<u>15,720</u>	<u>13,907</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
Is the Data Provisional or Final?					Final	Final

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2008**Field Note:**

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration (SSA). The numerator is the unduplicated number of children under the age of 18 with a CHIF form completed indicating they have SSI coverage in 2008. The age of 18 is used as SSA does not report numbers under age 16 separately. The denominator is from state-specific data from Children Receiving SSI, 2008. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

2. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2007**Field Note:**

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration (SSA). The numerator is the unduplicated number of children under the age of 18 with a CHIF form completed indicating they have SSI coverage in 2007 (860). The age of 18 is used as SSA does not report numbers under age 16 separately. The denominator is from state-specific data from Children Receiving SSI, 2007. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

3. Section Number: Form17_Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2006**Field Note:**

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the unduplicated number of children under the age of 18 with a CHIF form completed indicating they have SSI coverage in 2006 (897). The denominator is from state-specific data from Children Receiving SSI, 2006. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payor of last resort.

This data reflects children under the age of 18 instead of under the age of 16, because the SSI releases data with this cutoff. Therefore, any adjustment would only be a crude estimation.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: WA

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Matching data files	<u>6.7</u>	<u>5.9</u>	<u>6.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Matching data files	<u>5.9</u>	<u>3.7</u>	<u>4.7</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Matching data files	<u>65.3</u>	<u>86.6</u>	<u>76.4</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Matching data files	<u>57.8</u>	<u>71.1</u>	<u>64.8</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2007	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2007	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2007	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2007	<u>300</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2007	<u> </u>

FORM NOTES FOR FORM 18

HSCI5: Comparison of health indicators for Medicaid, non-Medicaid, and all populations in the State.

These data reflect the infant mortality rate for the 2006 Medicaid birth cohort. Thus, the number is based on the number of Medicaid and non-Medicaid infants born in 2006 who died in their infancy (so the death may have occurred in 2006 or in 2007). The overall number for this HSI differs from the calendar year 2007 period infant mortality rate for outcome measure 01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during calendar year 2007 divided by the total number of live births in calendar year 2007.

The percent of missing data (unknown and excluded) for the Medicaid and Non-Medicaid comparisons are: LBW: 0.1% Medicaid, 0.1% Non-Medicaid; First trimester PNC: 8.0% Medicaid, 9.4% Non-Medicaid, Adequate PNC: 16.5% Medicaid and 16.7% non-Medicaid.

HSCI6: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women
The source of these data is the Washington State Poverty Guidelines. The source for SCHIP eligibility comes from the Model Application Template For State Child Health Plan under Title XXI of the Social Security Act State Children's Health Insurance Program. SCHIP eligibility should read 201 to <=250.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
SCHIP eligibility applies to children only.
2. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
The overall number for this HSCI differs from the calendar year 2007 period infant mortality rate for outcome measure 01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during calendar year 2007 divided by the total number of live births in calendar year 2007.
3. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
These data come from a different source than do those reported in NPM18.
4. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
These data come from a different source than do those reported in HSCI04.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

- 1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other: Health Youth Survey	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

Annual Data Linkages:

The Department of Health initiated an internal data sharing agreement to link the WIC eligibility files with the PRAMS survey data and the birth certificates for 1999-2001. The Office of Maternal and Child Health (OMCH) has access to the WIC linked data. There are tentative plans to repeat this linkage in future years.

The Department of Health has an internal data sharing agreement to link non-confidential birth certificate information with the newborn screening database. Recently this data sharing agreement was amended to include EHDDI, and there are plans to further amend it to include MCH Assessment. We use this information to monitor the children screened, and assures that children have access to treatment as necessary. Over 97% of children born in Washington are screened using this methodology.

Although OMCH does not have direct access to the Medicaid data, we have a strong history of collaboration with our partners to obtain data needed for program planning.

Registries and Surveys: Washington has a passive birth defects surveillance system (BDSS) based on hospital discharge data. The BDSS is working on improving compliance with reporting requirements, enhancing data validation efforts, and boosting the data linkage to birth, fetal death and death certificates. While Washington participates in the national YRBS if sampled, we do not do a state YRBS. Instead Washington administers its own youth survey, the Healthy Youth Survey (HYS), to students in Grades 6, 8, 10 and 12 every two years. Due to recent budget cuts the future status of the 12th grade survey is uncertain at the time of the writing of this grant application. The HYS is a collaborative effort with other state agencies including the Department of Health, the Office of the Superintendent of Public Instruction, the Department of Social and Health Service's Division of Alcohol and Substance Abuse and other agencies. Most of the survey questions come from national youth surveys such as the YRBS, Youth Tobacco Survey and the Monitoring the Future survey. The HYS will be administered next in Fall 2010.

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: WA

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		
			2006	2007	2008
Annual Indicator	6.2	6.1	6.5	6.3	
Numerator	5,063	5,040	5,659	5,625	
Denominator	81,715	82,625	86,845	88,803	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

No data available for 2008.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

The source for these data are 2007 Natality Table D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Data trends have shown an increase since 1999, in part due to the increase in multiple births. However, the singleton LBW rate has also increased steadily. This rate is determined by (the number of live births weighing less than 2500 grams divided by the total number of resident live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>4.8</u>	<u>4.7</u>	<u>5.0</u>	<u>4.9</u>	<u> </u>
Numerator	<u>3,805</u>	<u>3,765</u>	<u>4,213</u>	<u>4,197</u>	<u> </u>
Denominator	<u>79,268</u>	<u>80,109</u>	<u>84,081</u>	<u>86,098</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2008

Field Note:

No data are available for 2008.

2. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2007

Field Note:

Data trends have shown relatively flat rates since 1999. The source for these data are 2007 Natality Tables D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. **Section Number:** Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2006

Field Note:

Data trends have shown relatively flat rates since 1999. This rate is determined by (the number of singleton live births weighing less than 2500 grams divided by the total number of resident singleton live births)*1000. The source for these data are 2006 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.1</u>	<u>0.9</u>	<u>1.0</u>	<u>1.1</u>	<u> </u>
Numerator	<u>870</u>	<u>750</u>	<u>872</u>	<u>965</u>	<u> </u>
Denominator	<u>81,715</u>	<u>82,625</u>	<u>86,845</u>	<u>88,803</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

No data are available for 2008.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source for these data are 2007 Natality Table D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

While it is not visible in the rates presented, the total VLBW increased an average 1.3% per year since 1990. This rate is determined by (the number of live births weighing less than 1500 grams divided by the total number of resident live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.8</u>	<u>0.7</u>	<u>0.8</u>	<u>0.8</u>	<u> </u>
Numerator	<u>657</u>	<u>568</u>	<u>652</u>	<u>721</u>	<u> </u>
Denominator	<u>79,268</u>	<u>80,109</u>	<u>84,081</u>	<u>86,098</u>	<u> </u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

No data available for 2008.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Singleton VLBW rates show no clear trend and has been very stable since the mid-1990s. The source for these data are 2007 Natality Table D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Singleton VLBW rates show no clear trend. This rate is determined by (the number of singleton live births weighing less than 1500 grams divided by the total number of resident singleton live births)*1000. The source for these data are 2005 Natality Tables D1 and D5 reported in the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October).

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	8.6	7.3	6.7	5.6	
Numerator	108	92	85	72	
Denominator	1,257,310	1,259,643	1,270,785	1,281,739	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not available for 2008.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.8</u>	<u>3.1</u>	<u>1.7</u>	<u>2.0</u>	<u> </u>
Numerator	<u>23</u>	<u>39</u>	<u>21</u>	<u>26</u>	<u> </u>
Denominator	<u>1,257,310</u>	<u>1,259,643</u>	<u>1,270,785</u>	<u>1,281,739</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not available for 2008.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by calculating the number of unintentional injury deaths among children 14 years and younger due to motor vehicle crashes divided by the number of children age 14 years and under. The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of unintentional injury death among children 14 years and younger due to motor vehicle crashes divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	19.6	17.8	21.7	17.9	
Numerator	173	160	200	168	
Denominator	882,550	898,864	921,059	938,320	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data not available for 2008.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by the number of unintentional injury deaths among children ages 15 to 24 years divided by the number of children age 15 to 24 years. The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of unintentional injury death among children ages 15 to 24 years divided by children ages 15 to 24 years). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	157.9	180.2	162.9	157.1	
Numerator	1,985	2,271	2,070	2,014	
Denominator	1,257,287	1,260,009	1,270,785	1,281,739	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not available for 2008.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by (the number of nonfatal injuries among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

From 1999 - 2003, the non-fatal hospitalization rate for children and youth ages 0-14 declined significantly. However, in 2004 and 2005, the rates were higher than in 2002 and 2003. In 2007 the rates showed a decline for the second year in a row, below the 2004 rate and approximating the 2003 rate.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of nonfatal injuries among children 14 years and younger divided by children ages 14 years and under). The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

From 1999 - 2003, the non-fatal hospitalization rate for children and youth ages 0-14 declined significantly. However, in 2004 and 2005, the rates were higher than in 2002 and 2003. In 2006 the rates showed a decline.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	19.2	19.4	17.2	13.9	
Numerator	241	244	218	178	
Denominator	1,257,310	1,259,643	1,270,785	1,281,739	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Data are not available for 2008.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by the number of nonfatal injuries due to motor vehicle crashes among children 14 years and younger divided by the population of children ages 14 years and under. The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by the number of nonfatal injuries due to motor vehicle crashes among children 14 years and younger divided by children ages 14 years and under. The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>108.2</u>	<u>113.5</u>	<u>106.0</u>	<u>95.3</u>	<u> </u>
Numerator	<u>955</u>	<u>1,020</u>	<u>976</u>	<u>894</u>	<u> </u>
Denominator	<u>882,550</u>	<u>898,864</u>	<u>921,059</u>	<u>938,320</u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

No data are available for 2008.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by the number of nonfatal injuries due to motor vehicle crashes among children age 15 through 24 divided by the population of children age 15 through 24. The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

2007 data show a continuing downward trend after a spike in the rate which culminated in 2005.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by the number of nonfatal injuries due to motor vehicle crashes among children ages 15 through 24 divided by children ages 15 through 24. The numerator is gathered from the Washington State Department of Health Injury and Violence Program. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>22.6</u>	<u>22.7</u>	<u>21.1</u>	<u>21.3</u>	<u>23.3</u>
Numerator	<u>4,873</u>	<u>4,990</u>	<u>4,717</u>	<u>4,859</u>	<u>5,353</u>
Denominator	<u>216,028</u>	<u>219,516</u>	<u>223,862</u>	<u>227,994</u>	<u>229,650</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

The rate is determined by the number of women age 15 through 19 with a reported case of Chlamydia divided by the population of women age 15 through 19. The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by (the number of women ages 15 through 19 with a reported case of Chlamydia divided by women aged 15 through 19). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of women ages 15 through 19 with a reported case of Chlamydia divided by women aged 15 through 19). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.9</u>	<u>7.3</u>	<u>7.1</u>	<u>7.7</u>	<u>8.4</u>
Numerator	<u>7,521</u>	<u>7,960</u>	<u>7,857</u>	<u>8,545</u>	<u>9,375</u>
Denominator	<u>1,085,707</u>	<u>1,089,135</u>	<u>1,102,129</u>	<u>1,113,192</u>	<u>1,120,549</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

The rate is determined by the number of women age 20 through 44 years with a reported case of Chlamydia divided by the population of women age 20 through 44 years. The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

2. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

The rate is determined by (the number of women ages 20 through 44 years with a reported case of Chlamydia divided by women aged 20 through 44 years). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

3. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

The rate is determined by (the number of women ages 20 through 44 years with a reported case of Chlamydia divided by women aged 20 through 44 years). The numerator is gathered from the Washington State Department of Infectious Disease and Reproductive Health. The denominator is gathered from the Office of Financial Management Population Forecast.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	82,996	66,181	3,576	1,691	4,408	487	6,653	0
Children 1 through 4	337,388	270,379	14,763	7,072	19,009	2,036	24,129	0
Children 5 through 9	424,161	345,529	18,562	9,252	22,837	2,604	25,377	0
Children 10 through 14	437,195	359,850	18,599	9,996	23,892	2,596	22,262	0
Children 15 through 19	468,238	385,043	18,852	10,129	30,067	3,080	21,067	0
Children 20 through 24	470,084	385,930	20,182	9,338	34,210	3,367	17,057	0
Children 0 through 24	2,220,062	1,812,912	94,534	47,478	134,423	14,170	116,545	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	67,637	15,360	0
Children 1 through 4	281,694	55,693	0
Children 5 through 9	360,878	63,283	0
Children 10 through 14	387,926	49,268	0
Children 15 through 19	415,750	52,487	0
Children 20 through 24	410,817	59,266	0
Children 0 through 24	1,924,702	295,357	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	79	65	5	3	2	1	3	0
Women 15 through 17	2,160	1,747	109	123	34	15	132	0
Women 18 through 19	5,075	4,092	262	222	116	63	320	0
Women 20 through 34	66,480	54,068	2,784	1,266	5,353	751	2,258	0
Women 35 or older	13,754	10,958	492	131	1,799	97	277	0
Women of all ages	87,548	70,930	3,652	1,745	7,304	927	2,990	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	37	52	0
Women 15 through 17	1,282	935	0
Women 18 through 19	3,692	1,518	0
Women 20 through 34	54,865	12,612	0
Women 35 or older	12,169	1,718	0
Women of all ages	72,045	16,835	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	423	295	40	25	21	10	32	0
Children 1 through 4	71	56	1	3	7	1	3	0
Children 5 through 9	46	41	2	2	1	0	0	0
Children 10 through 14	54	47	2	0	1	0	4	0
Children 15 through 19	221	179	12	14	8	1	7	0
Children 20 through 24	330	273	19	12	16	4	6	0
Children 0 through 24	1,145	891	76	56	54	16	52	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	335	92	0
Children 1 through 4	56	17	0
Children 5 through 9	37	9	0
Children 10 through 14	49	5	0
Children 15 through 19	201	20	0
Children 20 through 24	293	40	0
Children 0 through 24	971	183	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,767,367	1,416,685	79,392	38,696	125,416	0	107,178	0	2008
Percent in household headed by single parent	24.9	23.1	41.8	61.8	20.3	17.5	32.9	0.0	2008
Percent in TANF (Grant) families	8.7	4.9	19.4	10.7	3.9	0.0	0.0	0.0	2005
Number enrolled in Medicaid	689,229	338,965	37,239	14,779	28,096	0	138,278	131,872	2007
Number enrolled in SCHIP	21,359	11,647	464	476	1,300	0	3,213	4,259	2007
Number living in foster home care	11,314	5,726	742	868	106	0	3,709	163	2007
Number enrolled in food stamp program	352,284	173,580	26,548	8,917	11,980	0	81,134	50,125	2007
Number enrolled in WIC	250,766	178,351	16,018	6,361	8,964	3,838	37,234	0	2008
Rate (per 100,000) of juvenile crime arrests	2,223.0	2,541.0	5,065.0	3,714.0	811.0	0.0	0.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	5.1	4.8	10.3	11.2	4.3	0.0	0.0	0.0	2006

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,495,474	271,893	0	2008
Percent in household headed by single parent	24.5	27.0	0.0	2008
Percent in TANF (Grant) families	7.1	14.9	0.0	2007
Number enrolled in Medicaid	454,681	165,955	68,592	2007
Number enrolled in SCHIP	12,812	4,865	3,682	2007
Number living in foster home care	9,385	1,906	23	2007
Number enrolled in food stamp program	243,281	90,599	18,404	2007
Number enrolled in WIC	153,190	97,576	0	2005
Rate (per 100,000) of juvenile crime arrests	0.0	1,393.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	0.0	8.3	0.0	2006

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	1,167,447
Living in urban areas	14,016,585
Living in rural areas	171,691
Living in frontier areas	124,554
Total - all children 0 through 19	14,312,830

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	6,587,600.0
Percent Below: 50% of poverty	9.5
100% of poverty	17.7
200% of poverty	33.5

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,791,929.0
Percent Below: 50% of poverty	11.2
100% of poverty	21.7
200% of poverty	40.8

FORM NOTES FOR FORM 21

In 2003 a new birth certificate form was implemented. It collects some information differently, and caution should be used in interpreting year to year changes from 2002-2003.

Notes:

HSI 06A & 06B: The source of this demographic data is the Washington State Center for Health Statistics, accessed via Software for Public Health Assessment (VistaPHw); Analysis Software: Public Health - Seattle & King County, Epidemiology, Planning & Evaluation. It does not provide the specified breakdowns in these age groups of Other and Unknown or Ethnicity Not Reported.

HSI 07A & 07B: The source of this data is the Washington State Center for Health Statistics, accessed via Software for Public Health Assessment (VistaPHw); Analysis Software: Public Health - Seattle & King County, Epidemiology, Planning & Evaluation. Counts reflect the number of live births whose mothers fell into the indicated age category; women with multiple births are counted more than once. Counts do not include women with a live birth whose age was unknown.

HSI 08A & 08B: The 2007 Death Certificate now includes the field of "more than one race reported". The source of this data is the Washington State Center for Health Statistics, Death Files, accessed via Software for Public Health Assessment (VistaPHw); Analysis Software: Public Health - Seattle & King County, Epidemiology, Planning & Evaluation.

HSI 10: Census 2000 data was used for this data.

HSI 11 & 12: Data were gathered from the 2008 Washington State Population Survey, Office of Financial Management Forecasting Division FPL is determined by using Family Income as a measure.

FIELD LEVEL NOTES

None